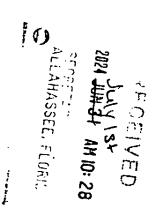
L2400029304

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only





CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 Fast 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PIC K U	JP: <u>BROOK 7/1</u>	
	CERTIFIED COPY		
ίX	РНОТОСОРУ		2024 [1]
	GS		
хх	FILING	LLC	i5-, - 1
(OCEAN 1181 LLC		
((CORPORATE NAME AND DOCU	MENT #)	77
((CORPORATE NAME AND DOCU	MENT #)	
((CORPORATE NAME AND DOCU	MENT #)	
	CORPORATE NAME AND DOCU	MENT #)	
((CORPORATE NAME AND DOCU	MENT #)	
	CORPORATE NAME AND DOCU		
((CORPORATE NAME AND DOCÜ	MENT #)	<u>-</u>
((MENT #)	<u>-</u>
	CORPORATE NAME AND DOCÜ	MENT #)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ocean 1181 LLC				· · · · · · · · · · · · · · · · · · ·
(Must co	ntain the words "Limited Liability	Company, "L.L.	C.," or "LLC.")	
RTICLE II - Address:				
ne mailing address and street	address of the principal office of t	ne Limited Liab	ility Company is:	
Princ	ipal Office Address:		Mailing Address:	
4600 N Ocean Dr.	Singer Is. Fl 33404 Unit 2001	50 Bank S	Street	
				
···			k, NY 10014	
	gent, Registered Office, & Regis	New York	k, NY 10014	
The Limited Liability Compa mother business entity with a	agent, Registered Office, & Regis ny cannot serve as its own Register n active Florida registration.) et address of the registered agent ar	New York ered Agent's S ed Agent. You r	k, NY 10014	
The Limited Liability Compa mother business entity with a	ny cannot serve as its own Register n active Florida registration.)	New York ered Agent's S ed Agent. You r	k, NY 10014	2024 JUL -
The Limited Liability Compa mother business entity with a	ny cannot serve as its own Register n active Florida registration.) et address of the registered agent ar	New York ered Agent's S ed Agent. You r	k, NY 10014	
The Limited Liability Compa nother business entity with a	ny cannot serve as its own Register n active Florida registration.) et address of the registered agent ar Laurance Nagin	New York ered Agent's S ed Agent. You r	k, NY 10014	
The Limited Liability Compa another business entity with a	ny cannot serve as its own Register n active Florida registration.) et address of the registered agent ar Laurance Nagin Name	New York ered Agent's S ed Agent. You r	ignature: nust designate an individu	2024 JUL - 1 AM 9:
The Limited Liability Compa mother business entity with a	ny cannot serve as its own Register n active Florida registration.) et address of the registered agent ar Laurance Nagin Name 4600 N Ocean Dr Florida street address (P.O. B	New York ered Agent's S ed Agent. You r	ignature: nust designate an individu	2024 JUL - 1 - 6.3

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"MCP" = Manager	Name and Address:
"MGR" = Manager MGR	A doub Nousia
MOK	Adam Nagin 50 Bank Street
	New York, NY 10014
(Use attachment if necessary)	
· · · · · · · · · · · · · · · · · · ·	
•	CONTROLLES CONTROLLES
LE V: Effective date, if other than the date of fective date is listed, the date must be spece of filing.)	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the date of flective date is listed, the date must be spece of filing.) If the date inserted in this block does not me	ific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the date of fective date is listed, the date must be spece of filing.) If the date inserted in this block does not me ument's effective date on the Department of	ific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the date of fective date is listed, the date must be spece of filing.) If the date inserted in this block does not me ument's effective date on the Department of	ific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the date of fective date is listed, the date must be spece of filing.) If the date inserted in this block does not me ument's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE:	et the applicable statutory filing requirements, this date will no State's records.
LE V: Effective date, if other than the date of fective date is listed, the date must be speced of filing.) If the date inserted in this block does not me ument's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false is	et the applicable statutory filing requirements, this date will no State's records. State's records. There or an authorized representative of a member. If in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State
LE V: Effective date, if other than the date of fective date is listed, the date must be speced of filing.) If the date inserted in this block does not meanument's effective date on the Department of the LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memory This document is executed I am aware that any false is constitutes a third degree for the second s	et the applicable statutory filing requirements, this date will no State's records. State's records.
LE V: Effective date, if other than the date of fective date is listed, the date must be specie of filing.) If the date inserted in this block does not me ument's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false is constitutes a third degree for the second state of the se	et the applicable statutory filing requirements, this date will no State's records. State's records. There or an authorized representative of a member. If in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State

The name and address of each person authorized to manage and control the Limited Liability Company:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-