

9/26/24 3:37 PM

Division of Corporations

Florida Department of State

LZ400414412

Division of Corporations

Public Information Contact

10.1.24

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CHISHOLM LAW FIRM, PLLC
Account Number : I20220000066
Phone : (407)674-2657
Fax Number : (888)545-5919

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SECRETARY OF STATE
TALLAHASSEE, FL

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Oceana Cares, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

24 SEP 30 AM 12:41

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DIVISION OF CORPORATIONS

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: OCEANA CARES, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following.

Breanna McCarthy

Name of Person

Chisholm Law Firm, PLLC

Firm/Company

37 N Orange Ave., Suite 500

Address

Orlando, Florida 32801

City/State and Zip Code

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call.

Breanna McCarthy

407

674-2657

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount.

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OCEANA CARES, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2828 S Seacrest Blvd, Suite 208
Boynton Beach, FL 33435

Mailing Address:

2828 S Seacrest Blvd, Suite 208
Boynton Beach, FL 33435

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Youssef Motti

Name

2828 S Seacrest Blvd, Suite 208

Florida street address (P.O. Box **NOT** acceptable)

<u>Boynton Beach</u>	<u>FL</u>	<u>33435</u>
City	State	Zip

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..

Youssef Motti

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS
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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

OCEANA COMMUNITY HEALTH, INC

2828 S Seacrest Blvd. Suite 208

Boynton Beach, FL 33435

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Youssef Mottli

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Youssef Mottli

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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