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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan AUG 31 2015

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OCEANVIEW, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JAMIE McALLISTER  
Name of Person

OCEANVIEW, LLC  
Firm/Company

324 ROBBINS DR  
Address

TROY, MI 48083  
City/State and Zip Code

MCALLISTER, JAMIE @ GMAIL . COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMIE McALLISTER at ( 248 ) 589-1780  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 AUG 28 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 11, 2015

JAMIE MCALLISTER  
324 ROBBINS DRIVE  
TROY, MI 48083

SUBJECT: OCEANVIEW #4, LLC  
Ref. Number: W15000050781

We have received your document for OCEANVIEW #4, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 715A00015787

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. OCEANVIEW, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
OCEANVIEW #4, LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited  
Liability Company," "L.L.C.," or "LLC.")
2. MICHIGAN 3. 47-4271383  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. -0-  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 324 ROBBINS DR  
TROY MI 48083  
(Street Address of Principal Office)
6. SAME  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box: NOT acceptable)

Name:

CT CORPORATION SYSTEM

Office Address:

1200 S. PINE ISLAND ROAD

PLANTATION

(City)

Florida

33324

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in  
this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept  
the obligations of my position as registered agent.

Nicole Chaurinond

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

JAMIE McALLISTER, MANAGER

324 ROBBINS DR.

TROY MI 48083

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the  
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath  
of the translator must be submitted)

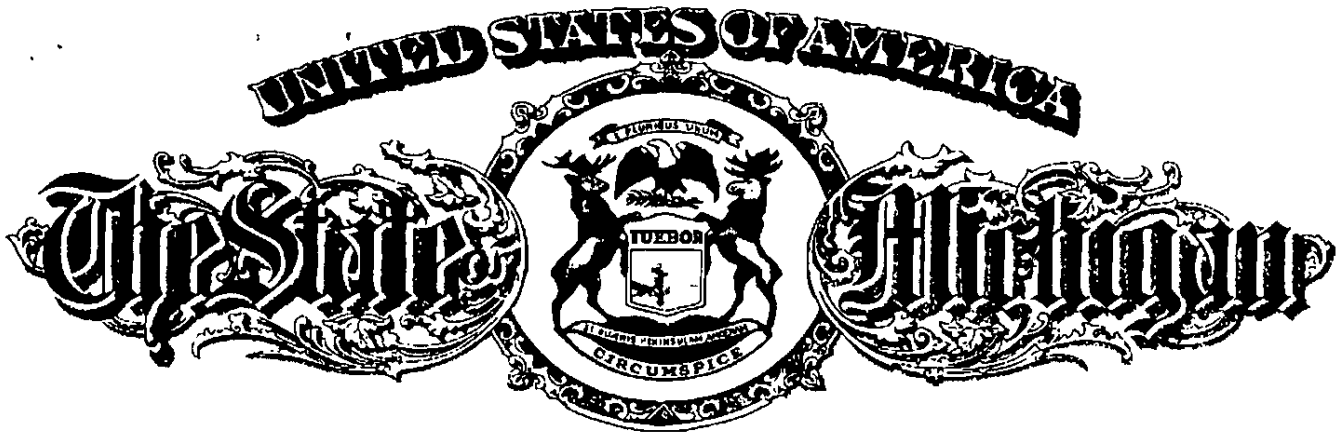
[Signature]  
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that  
the facts stated herein are true. 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.)

JAMIE McALLISTER

Typed or printed name of signer

FILED  
2015 AUG 28 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*This is to Certify That*

**OCEANVIEW, LLC**

*was validly organized on June 15, 2015 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 17th day of August, 2015*

Alan J. Schefke, Director  
Corporations, Securities & Commercial Licensing Bureau