

M17000002263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

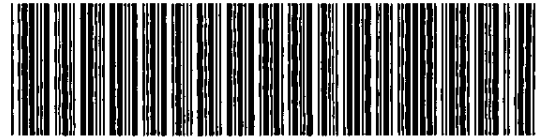
(Document Number)

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title W17-18151

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02/28/17--01020--027 **130.00

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2017 MAR 15 PM 2:10
CLERK OF STATE
TALLAHASSEE, FL 32304

K. SALY
MAR 17 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2017

KRISTY KING
OCEAN AZUL ADVISORS, LLC
1451 S MIAMI AVE, STE. 3108
MIAMI, FL 33130

SUBJECT: OCEAN AZUL ADVISORS, LLC
Ref. Number: W17000018151

We have received your document for OCEAN AZUL ADVISORS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 117A00004079

Thank you ~ please see the correction
on the attached application. We respect-
fully request your reconsideration.

2017 MAR 15 PM 12:42
Krissy King
MGR

3/11/17

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OCEAN AZUL ADVISORS, 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:

KRISTY KING

Name of Person

OCEAN AZUL ADVISORS, LLC

Firm/Company

1451 S. MIAMI AVE STE 3108

Address

MIAMI, FL 33130

City/State and Zip Code

KRISTYKING@ATT.NET

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

For further information concerning this matter, please call:

KRISTY KING

305
at ()

803-3372

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

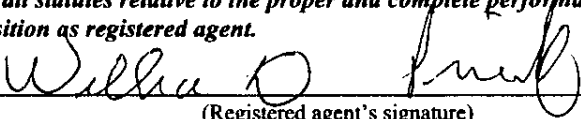
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

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. OCEAN AZUL ADVISORS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
OCEAN AZUL ADVISORS (I), 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. DELAWARE 3. 81-5315903
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 274 VELEROS COURT
CORAL GABLES, FL 33143
(Street Address of Principal Office)
6. 1451 S. MIAMI AVE STE 3108
MIAMI, FL 33130
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: WILLIAM D. PRUITT
Office Address: 274 VELEROS COURT
CORAL GABLES, Florida 33143
(City) (Zip code)

Registered agent's acceptance:

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 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.


(Registered agent's signature)

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

DAVID M. ZINN, MGR
3687 NW 87th Ave.
Cooper City, FL 33024

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 of an authorized person

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.

DAVID M. ZINN
Typed or printed name of signee

FILED
2011 MAR 15 PM 2:10
DEPT. OF STATE
TALLAHASSEE, FLORIDA

Delaware

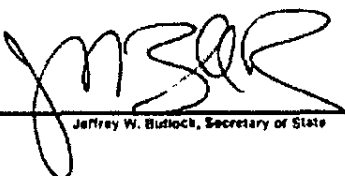
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OCEAN AZUL ADVISORS, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTIETH DAY OF FEBRUARY, A.D. 2017.

FILED
2017 MAR 15 PM 2:10
CLERK OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

6131527 8300

SR# 20170952035

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202066769

Date: 02-20-17