M17000002352

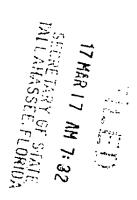
(Requestor's Name)					
(Address)					
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(Ci	ty/State/Zip/Phone	· #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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02/28/17--01020--026 **130.00



117-18819

COVER LETTER

TO: Registration Section Division of Corporat	ions		
OCEAN AZUL F	PARTNERS (I), LLC		
	Name of I	Limited Liability Company	
			nsact Business in Florida," Certificate of company to transact business in Florida
Please return all correspondence	e concerning this matter to the	following:	
KRISTY KI	NG		
	Na	ame of Person	
OCEAN AZ	UL ADVISORS, LLC		
	Fi	rm/Company	
1451 S. MIA	MI AVE STE 3108		
*		Address	
MIAMI, FL	33130		
	City/Si	ate and Zip Code	
KRISTYKING	G@ATT.NET		
	E-mail address: (to be used	for future annual report not	ification)
For further information concern	ning this matter, please call:		
KRISTY KING		305 803-337	
Nam	e of Contact Person	Area Code Day	time Telephone Number
MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	ons	Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301
Enclosed is a check for the foll ☐ \$125.00 Filing Fee		□ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2017

KRISTY KING 1451 S MIAMI AVE STE 3108 MIAMI, FL 33130

SUBJECT: OCEAN AZUL PARTNERS (I), LLC

Ref. Number: W17000018819

We have received your document for OCEAN AZUL PARTNERS (I), 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), AuthorizedPerson (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.

Jenna D Harris Regulatory Specialist II

Letter Number: 817A00004230

hanh you or please per the correction on the attached application. Kindly consider the consected application at specific earliest convenience.

Sincerely,

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA $\mathcal{L}^{p,q}$

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:

OCEAN AZUL PARTNE	cign Limited Liability Company; must include "Limit ERS, LLC			
(If name unavailable, enter a Liability Company," "L.L.C.	ternate name adopted for the purpose of transacting I " or "LLC.")	business in Florida. The alternate na	ame must include	"Limited
2. DELAWARE	3 81-532	5352		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	c)	
4. N/A			<u>_</u>	
	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de	prior to registration.) termine penalty liability)		
5. 274 VELEROS COUR	KT			
CORAL GABLES, FL				
1461 6 1411 4 141	(Street Address of Principal Office)			
6. 1451 S. MIAMI AVE S	STE 3108		_포종 그	
MIAMI, FL 33130			73	
•	(Mailing Address)		一部。	
7. Name and street address	ss of Florida registered agent: (P.O. Box NOT	acceptable)	IT SSE	Service S
Name:	WILLIAM D. PRUITT			
Office Address:	274 VELEROS COURT		7:32 STATE LORID	al arte 1 E-resert
	CORAL GABLES	, Florida 33143	_ 10 A	
Registered agent's accep	(City)	(Zip code)		
designated in this applica to complywith the provisi	rgistered agent and to accept service of process tion, I hereby accept the appointment as regist ons of all statutes relative to the proper and comy position as registered agent. (Registered agent's sign	ered agent and agree to act in t mplete performance of my dution	his capacity. I	further agree
8. The name, title or capa	acity and address of the person(s) who has/have	authority to manage is/are:		
KRISTY A. KING	NGR	- -		
1451 S. MIAMI AVE ST				
MIAMI, FL 33130				
	of existence, no more than 90 days old, duly au of which it is organized. (If the certificate is in authorized) Signature of an authorized			
	d in accordance with section 695.0203 (1) (b), Floothe Department of State constitutes a third degree KRISTY A. KING			tion

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OCEAN AZUL PARTNERS (I), 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.

Authentication: 202066767

Date: 02-20-17