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 : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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. OCEAN DE L'AMOUR LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Help

8/14/2024 06:31:25 PDT To: 18506176381 Page: 2/3 Fax: 8134365206

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Enability Company is:

OCEAN DE L'AMOUR 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:

<u>Principal</u>	Office Address:	<u>Mai</u>	ling Address:
7901 4th St N		7901 4th St N	
STE 300		STE 300	
St. Petersburg	FL 33702	St. Petersburg	FL 33702

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:

Northwest Registere	d Agent LLC		
	Name		
7901 4th St N		STE 300	
Florida street addres	s (P.O. Box <u>N</u> o	OT acceptable)	
St. Petersburg	FL	33702	
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..

Registered Agent's Signature (REQUIRED)

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(CONTINUED)

8/14/2024 06:31:25 PDT To. 18506176381 Page: 3/3 Fax. 8134365206

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	KOO, CHRISTOPHER IAN
MON	7901 4th St N STE 300
	St. Petersburg, FL 33702
AMBR	DAMIACAN DADHA
MBR	RAMLAGAN, RADHA 7901 4th St N STE 300
	St_Petersburg, EL 337.02
	AUCITAIAIAAI BITT# AA ITA#
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