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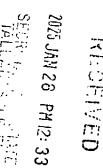
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COVER LETTER

	ew Filing Sec ivision of Cor					
SUBJECT		ig Investors LLC				
SUBJECT	·	Name	of Limited Liabil	ity Company	<u>.</u>	
The enclos	sed Articles of	Organization and fee	e(s) are submitted	for filing.		
Please retu	irn all correspo	ondence concerning t	his matter to the	following:		3295
	David Bauer	r, Esq.				(# <u>.</u>
			Name of	Person		;; ;;;
	Bauer Gutie	rrez & Borbon, PLL0	:			:
		-	Firm/Cc	ompany		_ ∴ - ∴
	814 Ponce d	e Leon Blvd, Suite 2	10			7
			Addı	1088		_
	Coral Gable	s, FL 33134				
	david@bgbla	wgroup.com	City/State ar	nd Zip Code		_
		E-mail address: (to b	e used for future	annual report notificat	ion)	_
For further i	information co	ncerning this matter,	please call:			
	David Bauer	, Esq.	305 at (340-5959 _)		
	Nan	ne of Person		Daytime Telephon	ne Number	
Enclosed i	is a check for t	he following amount	:			
■ \$125.00	0 Filing Fee	∐\$130.00 Filing Certificate of Stat	us Certif	i5.00 Filing Fee & ied Copy ial copy is enclosed)	□\$160.00 Filing For Certificate of Status Certified Copy (additional copy is enc	&
	New l Divisi	ng Address Filing Section on of Corporations Box 6327		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre	assee	
		assee, FL 32314		Tallahassee, FL 3230	13	

$ARTICLES \, OF \, OR GANIZATION \, FOR \, FLORIDA \, LIMITED \, LIABILITY \, COMPANY$

	E1 - Name:				
The name	of the Limited Liabilit	y Company is:			
	Ocean King Investor		1.1.1111		····
	(Must cont	ain the words "Limited I	Liability Con	pany, "L.L.C" or "LLC.")	
	E II - Address: ng address and street a	ddress of the principal o	ffice of the L	imited Liability Company is:	
	<u>Princip</u>	al Office Address:		Mailing Address: 814 Ponce de Leon Blvd, Suite 210	
	814 Ponce de Leon F	Blvd, Suite 210			
	Coral Gables, FL 33			Coral Gables, FL 33134	025
		·			
(The Lin another 1	ited Liability Company pusiness entity with an :	ent, Registered Office, reannot serve as its own active Florida registration address of the registerec	Registered A	d Agent's Signature: .gent. You must designate an	individual or
THE HAME	, and the ravida street	-	_		مين مين دريار
		Bauer Gutierrez & B			-1
			Name		
		814 Ponce de Leon I			
		Florida street addres	s (P.O. Box <u>I</u>	<u>(OT</u> acceptable)	
		Coral Gables	FL.	33134	
		City	State	Zip	
place desig further agi	gnated in this certificate we to comply with the pi	I hereby accept the app rovisions of all statutes ro- digations of my position /s/ David Bauer	ointment as relating to the as registered ered Agent's	for the above stated limited li egistered agent and agree to a proper and complete perform agent as provided for in Chap Signature (REQUIRED)	ict in this capacity. I ance of my duties, and i
			(CONTIN	01.07	

ARTICLE IV-

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

(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:	Title:		Name and Address:		
(Use attachment if necessary) (RTICLE V: Effective date, if other than the date of filing					
(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) (OPTIONAL) (OPTIONAL) (If an effective date, if other than the date of filing:		anager			
(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 liling requirements, this date will not be listed a the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Is! David Bauer 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.N17.155, F.S. David Bauer	MGR		David Bauer 814 Ponce de Leon Blyd, Suite 210		_
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 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 he 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 a the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statues, 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.			Coral Gables, FL 33134		_
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(Use attachment if necessary) MATICLE V: Effective date, if other than the date of filing:					<u> </u>
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ARTICLE V: Effective date, if other than the date of filing:				4-1	J
ARTICLE V: Effective date, if other than the date of filing:					-
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REOURED SIGNATURE: /s/ David Bauer 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. David Bauer	the date of filing.) Note: If the date inse the document's effect	rted in this block does not ive date on the Departmen	meet the applicable statutory filing requirements		•
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David Bauer		Signature of a n This document is exec I am aware that any fal	uted in accordance with section 605,0203 (1) (b), se information submitted in a document to the De	Florida Statutes.	
		David Rame			
		TANKI DANCI	Typed or printed name of signee		

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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)