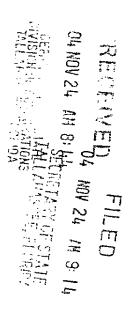
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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
(Bı	siness Entity Name)
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Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT:		AMERICA SHIPS, I	LC	
		(Name of Limite	d Liability Company)	
The enclosed	Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return	all correspo	ondence concerning this matte	er to the following:	
		Ronald B. Borla		
		(I	Name of Person)	
		AMERICA SHIPS	S, LLC	
		(Firm/Company)	
		400 Capital Cin	cle SE, Suite 18	
			(Address)	
			e, FL 32301 (State and Zip Code)	O4 NO SECRET TALLAHA
For further in	iformation o	concerning this matter, please	call:	NOV 24 AM RETARY OF ST HAASSEE, FLO
Ronald B.		of Person)	at (850) 668-8877 (Area Code & Daytime Te	<u> </u>
Enclosed is	a check fo	r the following amount:		
3 \$125.00 F	iling Fee	□ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
AMERICA SHIPS, LLC		
ARTICLE II - Address:		
The mailing address and street address of the pri	incipal office of the Limited Liability Comp	any is:
Principal Office Address:	Mailing Address:	
America Ships, LLC	same	
400 Capital Circle SE, Suite 18		
Tallahassee, FL 32301		
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:	
The name and the Florida street address of the re-	egistered agent are:	40
Ronald B. Borland		₹
Name	TARY ASSE	F P
400 Capital Circle SE, Suite 18	8	_ in
Florida street addı	ress (P.O. Box NOT acceptable)	
Tallahassee, FL 32301	ATTE	,
City, State, at	nd 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 608, F.S..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manage "MGRM" = Mana		
MGRM	Ronald B. Borland 400 Capiatal Circle SE, Suite 18 Tallahassee, FL 32301	-
	- SE SE	
(Use attachment if NOTE: An addit	ional article must be added if an effective date is requested.	7
REQUIRED SIG	NATURE: Signature of a member or an authorized representative of a member.	ワフ
ı	(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
Filing Foot	Ronald B. Borland. Typed or printed name of signee	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)