

# L17000186267

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

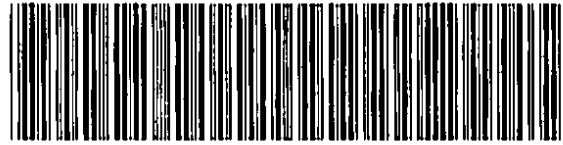
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 AUG 30 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

8/31/17

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Southernmost Shipping LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

George Ruzzo  
Name of Person

Southernmost Shipping LLC  
Firm/Company

4532 W. Kennedy Blvd., Suite 112  
Address

Tampa, Florida 33609  
City/State and Zip Code

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

For further information concerning this matter, please call:

George Ruzzo at ( 305 ) 970-4486  
Name of Person Area Code Daytime Telephone Number

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  
(additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy  
(additional copy is enclosed)

Mailing Address  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Southernmost Shipping 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:

Principal Office Address:

4532 W. Kennedy Blvd.  
Suite 112  
Tampa, Florida 33609

Mailing Address:

4532 W. Kennedy Blvd.  
Suite 112  
Tampa, Florida 33609

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

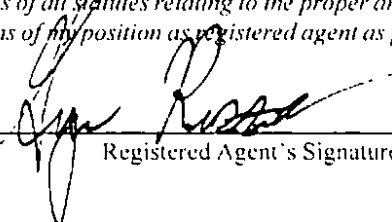
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

George Ruzzo  
Name  
4532 W. Kennedy Blvd., Suite 112  
Florida street address (P.O. Box **NOT** acceptable)  
Tampa, Florida 33609  
City State Zip

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
17 AUG 30 AM 10:45

*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)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager  
MGR

**Name and Address:**

Victor Campos  
4532 W. Kennedy Blvd.  
Suite 112 Tampa, FL 33609

AMBR

Giovanni Costa  
4532 W. Kennedy Blvd.  
Suite 112 Tampa, FL 33609

AMBR

Andre Ellis  
4532 W. Kennedy Blvd.  
Suite 112 Tampa, FL 33609

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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 filing requirements, this date will not be listed as 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 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.

Giovanni Costa

Typed or printed name of signee

17 AUG 30 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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)