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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
/B.	ısiness Entity Nan	70)
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



04/23/15--01013--016 **125.00

Effective Date 4/20/15

COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT:	Mermaiel Name of Lin	Marine LLC nited Liability Company	.
The enclosed Article	s of Organization and fee(s) an	re submitted for filing.	
Piease return all corr	espondence concerning this m	atter to the following:	
	ADRIENNE N	GANG Name of Person	·
	Mermaid 1	Marine LLC Firm/Company	
	2002 Longmore	Address	
	Valrico FL 33	Sty/State and Zip Code	
W	erhaiel Marin E-mail address: (to be use	ollcoamal of d for future annual report notifica	LOYVI ttion)
For further information	on concerning this matter, plea	ase call.	
ADRIGNING N	me of Person	813 784-4686 Area Code Daytime Te	ephone Number
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	niling Address	Street/Courier Add	ress
	gistration Section vision of Corporations	Registration Section Division of Corporat	ions
). Box 6327	Clifton Building	10110
Tal	lahassee, FL 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICIZEO ONGANZATION FOR	PLONIDA LAMITED LAMINIZATA COMITANA
ARTICLE I - Name: The name of the Limited Liability Company is:	,
Mermaid Mar	rine UC
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2202 Langmore Cir Valvico Fi 33596	1202 Lonemore Cir Valrico PL 33596
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registered.	n Registered Agent. You must designate an individual or on.)
ATRIGATALC AL	CANC
ADRIENNE N Nam	6
Florida street address (P.O. Bo	e Cv ex <u>NOT</u> acceptable)
Valrico	FL 3359(6 Zip
City	Zip
the place designated in this certificate, I hereby acce, capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the o	ervice of process for the above stated limited liability company at pt the appointment as registered agent and agree to act in this s of all statutes relating to the proper and complete performance bligations of my position as registered agent as provided for in other 605, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

2015 PAPE 23 AH 7: 43
SECRETARY OF STATE
TALLAHASSEE STATE

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager M G P M	ADRIENNE N GANG
•	ADRIENNE N GANG 2202 Longmore Cir Valrico Fl 33596
 	
The ettechment if masses w	
(Use attachment if necessary) EV: Effective date, if other than the date of crive date is listed, the date must be spec	f filing: 4/20/15 (OPTIONAL)
E V: Effective date, if other than the date of ctive date is listed, the date must be spec f filing.)	filing: 4/20/15 (OPTIONAL) ific and cannot be more than five business days prior to or 9
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E V: Effective date, if other than the date of ctive date is listed, the date must be spec f filing.)	ffiling: 4/20/15 (OPTIONAL) ific and cannot be more than five business days prior to or 9
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E V: Effective date, if other than the date of ctive date is listed, the date must be spec filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a-mem (In accordance with section 605, constitutes an affirmation under the constitutes are	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date of ctive date is listed, the date must be spec filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a-mem (In accordance with section 605, constitutes an affirmation under I am aware that any false information of the constitutes are approximately as a section 605.	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the date of ctive date is listed, the date must be spec filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mem (In accordance with section 605. constitutes an affirmation under I am aware that any false information constitutes a third degree felony	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State
E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a memory of a management of a	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)