## L02000001166

M. STERN
BHT1 HOLLOW BROOKE CIR.
NAPLES, FL 34119

Office Use Only

**Examiner's Initials** 

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.		_				<del></del> .	}			
2	(Co	orporation Name)	(Docu	iment #)	30000 -03/: ***		'437 37-014 ****125.00			
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3.	(Corporation Name)		(Document #)			FIL 02 MAR 25 SECRETARY TALLAHASSI				
4.		orporation Name)	(Doct	ument #)		FIG. FI				
	☐ Walk in☐ Mail out	☐ Pick up time☐ Will wait	☐ Photocop	у	Certified Certificate	Copy STATUS?				
	NEW FILINGS		AMENDMENTS							
Profit Not for Profit Limited Liability Domestication Other  OTHER FILINGS			Resigna Change	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger						
			REGISTRATION/QUALIFICATION							
	Annual Rep Fictitious N		Foreign Limited Reinsta Tradem Other	l Partnershi tement	p					

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	ΕI	- Nam	e:
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The name of the Limited Liability Company is:

SHIPMATES, LLC

## **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

8471 HOLLOW BROOKE CIR, NAPLES, FL 34119

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

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

Name

Name

8471 Hollow Brooke Circle

Florida street address (P.O. Box NOT acceptable)

City, State, and 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

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(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.)

MARK STERN

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

1 1 LEC

Cover Letter For:

Shipmates, LLC

Mark Stern 8471 Hollow Brooke Circle Naples, FL 34119

Daytime: 239-592-6014 Evening: 239-348-7072

> 02 MAR 25 AM 9: 27 SECRETARY OF STATE