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Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : HUBCO

Account Number: 104662003400

Phone : (516)935-3940

Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

BLUE WATER MARINE SERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

LB-11442

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JIVINGHION CORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

. . . .

The name of the Limited Liability Company is: BLUE WATER MARINE SERVICES LLC

ARTICLE II - Address

Joseph F. Solari

yped or printed name of signee

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

1118 S.E. 36th Street Cape Coral, FL 33904

ARTICLE III - Registered Agent, Registered Office & Registered Agent's signature The name and Florida street address of the registered agent are:

	Joseph F. Solari				
		Name			
	1118 S.E. 36th Stree	t	. +		
	(P.O. Box or t	Mail Drop Box NOT Accepta	ible)		
	Cape Coral, FL 3396	04	, i		
		City / State / Zip)			
limited liability compan registered agent and agree relating to the proper o	d as registered agent and the place designated in the place designated in to act in this capacity. I fund complete performance of my position as registered. Registered Agent's Signature.	n this certificate, I here wither agree to comply of my duties, and I am agent as provided for i	eby accept the app with the provision familiar with and in Chapter 608, F.	oititment is of all sto l accept th	ztutes
RTICLE IV - Managemen	nt (Check box if applic	able)			
The Limited Liability Compa	any is to be managed by one	manager or more manag	gers and is,		
therefore, a manager - mana Signat	nged company fure of a member or autho	Metry rized representative of	LA SOLA CE	<u> </u>	-
documen	rdance with section 608.40 It constitutes an affirmatio rein are true.)				

Mary P. Solari

Typed or printed name of signee '