

W030000 28477

Hector Marine LLC

(Requestor's Name)

1836 Adams Street

(Address)

4A

(Address)

Hollywood, FL 33020

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status _____

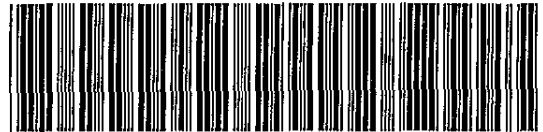
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789, 524, 614, 623, 671

6/4

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W03-16712



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06/06/03--01020--009 **160.00

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03 AUG - 1 AM 10: 04
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 11, 2003

HECTOR MARINE LLC
1836 ADAMS STREET #4A
HOLLYWOOD, FL 33020

SUBJECT: HECTOR MARINE LLC
Ref. Number: W03000016712

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TALLAHASSEE, FLORIDA

03 AUG - 1 AM 10:04

We have received your document for HECTOR MARINE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE ARTICLE I AND II ON THIS DOCUMENT.,

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 503A00036318

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HECTOR MARINE L.L.C
(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:

HECTOR R. ESCOBAR.
(Name of Person)

HECTOR MARINE L.L.C
(Firm/Company)

1836 ADAMS S.T. #4A.
(Address)

HOLLYWOOD FL. 33020.
(City/State and Zip Code)

For further information concerning this matter, please call:

JANNIE Smith at (786) 302 8184
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hector Marine, LLC

ARTICLE II - Address:

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

Principal Office Address:

1836 ADAMS ST.
APT. 4A HOLLYWOOD FL 33020

Mailing Address:

1836 ADAMS ST.
APT. 4A HOLLYWOOD 33020

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

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

HECTOR R. ESCOBAR
Name
1836 ADAMS ST. APT. 4A.
Florida street address (P.O. Box **NOT** acceptable)
HOLLYWOOD FL 33020
City, State, and Zip

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TALLAHASSEE, FLORIDA

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" = Manager

"MGRM" = Managing Member

Name and Address:

MANAGER

HECTOR R. ESCOBAR.
1836 ADAMS ST. #4A.

MANAGING
MEMBER

ANGELA L. CORSAHON.
1836 ADAMS ST. #4A

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

HECTOR PAUL ESCOBAR

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)

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03 AUG - 1 AM 10:05
SEALY APT 1A
TALLAHASSEE, FLORIDA