## L04000023695

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



100029286451

04 MAR 29 PH 4: 32 SECRETARY OF STATE

TATE OF STRIPA

CHMER 29 FM 2: 4:



ACCOUNT NO. : 072100000032 REFERENCE: 529248 7426878 AUTHORIZATION: COST LIMIT : \$ 155.00 ORDER DATE: March 29, 2004 ORDER TIME : 2:15 PM ORDER NO. : 529248-005 CUSTOMER NO: 7426878 CUSTOMER: Mr. Jay Wetcher Jay Wetcher 1520 Victoria Isle Way Weston, FL 33327 DOMESTIC FILING NAME: DALY MARINE LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Susie Knight - EXT. 2956 EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The name of the Limited Liability Company is:	The state of the s
Daly Marine LLC	
ARTICLE II - Address: The mailing address and street address of the print	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1643 Brickell Ave #3502	1643 Brickell Ave #3502
Miami, FL 33129	Miaml, FL 33129
ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the reg	
Jay Wetcher	
Name	
1520 Victoria Isle Way, Florida street address (P.O. E	3ox <u>NOT</u> acceptable)
Westin FL 33327 City, State, and	FLORIDA 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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

	V-Munager(s) or Managir d address of each Manager o	ig Member(s): r Managing Member is as follows:
Title: "MOR" - Ma "MGRM" = N	mager Managing Mcmber	Name and Address:
MGR/M		Alex Daly
	<del></del>	1643 Brickell Ave #2502
		Mismi, FL 83129
· · · · · · · · · · · · · · · · · · ·		
(Use attachme	ent if necessary)	
NOTE: AL s	additional article must be a	dded if an effective date is requested.
REQUIRED	SIGNATURE:	23
5	lignature of a member or an an	borized representative of a member.
(in accordance with section 608.408(3), Florida Staintes, the execution of this document constitutes an affirmation under the penalties of penjury that the facts stated bescin are true.)		
	Alex Daly	
-	Typed or pein	ed name of signor

2.

Filing Fees

\$109.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)