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TRANSMITTAL LETTER	U. 304. A.
TO: Registration Section Division of Corporations	ALANDA SO
SUBJECT: O'BRIEN MARITIME SERVICES, LLC (Name of Limited Liability Company)	All All Sections of the Control of t
The enclosed Articles of Organization and fee(s) are submitted for filing.	Most s
Please return all correspondence concerning this matter to the following:	
MAURISA O'DONOGHUE	<u>.</u>
(Name of Person)	
O'BRIEN MARITIME SERVICES, LLC	<del></del>
(Firm/Company)	
1205 NE IST STREET	
(Address)	
FT. LAUDERDALE, FL 33301	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
MAURISA O'DONOGHUE 01, 954, 812, 2641	

STREET ADDRESS:

(Name of Person)

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

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE THE SOLE TO BOOK	<u></u>
ed Liability Company is:	
ST STREET	

On.

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

O'BRIEN MARITIME SERVICES, LLC

### ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1205 NE IST STREET	1205 NE IST STREET
FT. LAUDERDALE, FL	Ft. LAUDERDALE, FL
33301	33301

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

MAU	RISA	0000	NOGHUE	
Name				
1205	NE	IST	STREET	
Florid	da street	address (	P.O. Box NOT accept	able)
Fr.	LAUD	ELDAL	E FLORIDA	33301
			e, 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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

	0. The A
ARTICLE IV- Manager(s) or Manager of the name and address of each Manager of	ng Member(s): or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	ng Member(s): or Managing Member is as follows:  Name and Address:
MGR	MAURISA O'DONOGHUE  1205 NE IST STREET  PT. LAMBREDATE, FL 3330
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
v 0	uthorized representative of a member.
of this document constitutes an a that the facts stated herein are tru	
MAURISA Typed or pri	0'DONOGHUE nted 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)