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TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: John's Mobil Marine LL.C (Name of Limited Liability Company)	de e di
The enclosed Articles of Organization and fee(s) are submitted for filing.	٠
Please return all correspondence concerning this matter to the following:	
John William Bowne (Name of Person)	
John's Mobil Marine W04-21899 (Firm/Company)	· · · · · · · · · · · · · · · · · · ·
5240 Halsey Cir.	ISION OF CO
Panama City FL 32404 (City/State and Zip Code)	or STATEMS
For further information concerning this matter, please call:	
John Bowne at (850) 763-3199 (Area Code & Daytime Telephone Number)	

STREET ADDRESS:

TO:

Registration Section

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 7, 2004

JOHN WILLIAM BOWNE JOHN'S MOBIL MARINE 5240 HALSEY CIR. PANAMA CITY, FL 32404

SUBJECT: JOHN'S MOBIL MARINE L.L.C.

Ref. Number: W04000021899

CHASSOR OF CORPORATIONS
OF JUH! 17 AM 8: 16

We have received your document for JOHN'S MOBIL MARINE L.L.C. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The minimum filing fee is \$125, as shown by the highlighted section of your Articles. Please submit the remaining \$20 due, or more if you would like the optional certification noted in the filing fees list.

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 704A00038707

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

John's Mobile Marine L.L.C

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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

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

John William Boune

5240 Halsey Civ Florida street address (P.O. Box NOT acceptable)

Pavama City FL 32404

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..

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	·:
"MGRM" = Managing Member		
MGR	John William Bowne 5240 Holsey cir. Parama City FL	32404
		OF JUN OF JUN
		里 5000
		# 8: # 8:
		5 PK
(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.)

William William Bowne
Typed or printed name of signee

Filing Fees:

\$100.00 Eiling Fee for Articles of Organization \$25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)