

L04000048270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

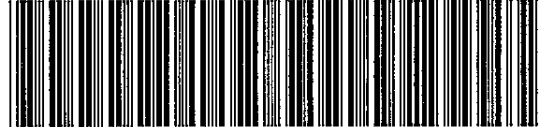
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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04 JUN 28 PM 3:41

04 JUN 28 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

BK

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

FILED  
04 JUN 28 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- POLK MARINE, LLC
- 2-
- 3-
- 4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION OF  
POLK MARINE, LLC**

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TALLAHASSEE, FLORIDA

**ARTICLE I — Name**

The name of the Limited Liability Company is **POLK MARINE, LLC.**

**ARTICLE II — Address**

The mailing address and street address of the principal office of the Limited Liability Company is 134 Northshore Terrace, Port Charlotte, Florida 33980-2524.

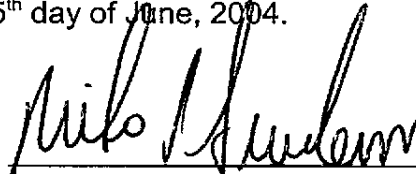
**ARTICLE III — Registered Agent & Registered Office**

The name and street address of the registered agent of the Company is **Miko P. Gunderson, Esq.**, 18401 Murdock Circle, Port Charlotte, Florida 33948-1088.

**ARTICLE IV — Management**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 25<sup>th</sup> day of June, 2004.




**Miko P. Gunderson, Esq.**  
Authorized Representative of Member

STATE OF FLORIDA                     )  
  ) ss.  
COUNTY OF CHARLOTTE            )

The foregoing instrument was sworn to and acknowledged before me this 25<sup>th</sup> day of June, 2004, by MIKO P. GUNDERSON, ESQ., who is personally known to me and who did take an oath.



Donna Santarone  
MY COMMISSION # DD199835 EXPIRES  
April 23, 2007  
BONDED THRU TROY FAIN INSURANCE, INC.

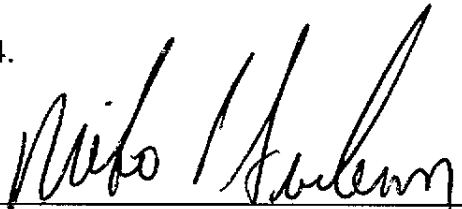


Notary Public, State of Florida  
My Commission Expires:

### **ACCEPTANCE OF REGISTERED AGENT**

The undersigned, being the person named in the Articles of Organization of **POLK MARINE, LLC**, as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated Company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and is familiar with and accepts the obligations of the position of registered agent.

DATED this 25<sup>th</sup> day of June, 2004.

  
\_\_\_\_\_  
Miko P. Gunderson, Esq.

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