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4 SEP -2 FN 1:5

TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations				
SUBJE	SUBJECT: FLORIDA MOBILE MARINE, L.L.C.				
	(Name of Limited Liability Company)				
The end	closed Articles of Organization and fee(s) are submitted for filing.				
	Please return all correspondence concerning this matter to the following:				
	RICHARD A. GLOVER				
	(Name of Person)				
	RICHARD A. GLOVER, C.P.A., P.A.				
	(Firm/Company)				
	POST OFFICE BOX 12612				
(Address)					
TALLAHASSEE, FLORIDA 32317					
	(City/State and Zip Code)				
For fur	ther information concerning this matter, please call:				
	RICHARD A. GLOVER at (850) 422-1042				
	(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 04 SEP -2 PM 1:50 SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	FLORIDA MOBI	LE MARINE, L.L.C.	
ARTICLE II - A			
The mailing addre	ess and street address of the p	principal office of the Limited Liability	ty Company
Principal Office	Address:	Mailing Address:	
252 FRIENDSHIP	CHURCH ROAD	252 FRIENDSHIP CHURC	H ROAD
CRAWFORDVILL	E, FLORIDA 32327	CRAWFORDVILLE, FLOR	IDA 32327
ARTICLE III - I	Registered Agent Registers	ed Office, & Registered Agent's Sign	nature
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The name and the	Florida street address of the		
The name and the	Florida street address of the		
The name and the	Florida street address of the		
The name and the		registered agent are:	
The name and the		registered agent are:	
The name and the	RICHARD A. GLO	registered agent are:	
The name and the	RICHARD A. GLO	registered agent are: OVER, C.P.A., P.A.	
The name and the	RICHARD A. GLO Nam 1809 MICCOSUKEE COM	registered agent are: OVER, C.P.A., P.A.	
The name and the	RICHARD A. GLO Nam 1809 MICCOSUKEE COM Florida street address (P	registered agent are: OVER, C.P.A., P.A. e MONS DRIVE, SUITE 108 O. Box NOT acceptable)	
The name and the	RICHARD A. GLO Nam 1809 MICCOSUKEE COM Florida street address (P TALLAHAS	registered agent are: OVER, C.P.A., P.A. e MONS DRIVE, SUITE 108 O. Box NOT acceptable) SEE, FLORIDA 32308	
The name and the	RICHARD A. GLO Nam 1809 MICCOSUKEE COM Florida street address (P	registered agent are: OVER, C.P.A., P.A. e MONS DRIVE, SUITE 108 O. Box NOT acceptable) SEE, FLORIDA 32308	
	RICHARD A. GLO Nam 1809 MICCOSUKEE COM Florida street address (P TALLAHAS City, State	registered agent are: OVER, C.P.A., P.A. e MONS DRIVE, SUITE 108 O. Box NOT acceptable) SEE, FLORIDA 32308 and Zip	
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Page 1 of 2 (CONTINUED)

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

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

"MGRM" = Manager "MGRM" = Managing Member RANDY J. FULATER 252 FRIENDSHIP CHURCH ROAD CRAWFORDVILLE, FLORIDA 32327 (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.) RICHARD A. GLOVER, C.P.A., P.A. Typed or printed name of signee	<u>Title:</u>	Name and Address:	
(Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of a number 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.) RICHARD A. GLOVER, C.P.A., P.A.			
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Typed or printed name of signce	RICHARD A. C	HOVER CPA PA	7
	Typed or pr	inted name of signce	
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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)