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# TRANSMITTAL LETTER

Division of Corporations
SUBJECT: HORTEN MARITIME LLC (Name of Limited Liability Company)
(Name of Elimited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAN ENIK ANDERSEN (Name of Person)
HORTEN MARITIME, LLC
(Firm/Company)
YACHT HARBOUR
2901 SOUTH BAYSHORE DRIVE, STE # 32 ?
(Address)
MIAMI, FL 33133 (City/State and Zip Code)
For further information concerning this matter, please call:
AN ERIK ANDERSEN at (305) 567 2592 (786) 252 477 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee Certificate of Status  □ \$130.00 Filing Fee Certified Copy (additional copy is enclosed)  □ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	ALLA PEC
HORTEN MARITIME	-, LLC
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
95 MERRICK WAY, SUITE 518 COLAL GABLES FL 33134	YACHT HARBOUR. 2901 S. BAYSHORE DR. #3F MIAMI, FL 33133
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re  TAN ERIK PIN  Name  7904 Court Ra	
Florida street add	ress (P.O. Box NOT acceptable)
MIAMI City, State, a	FL 33/33 nd Zip
IIIDIIIIY COMPANY at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	CCUPI SUNICE Of Process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered 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 "MGRM" = Managing Member	Name and Address:
MGRM — Wallaging Wellioti	JAM ERIK AMDERSEW 2901 SOUTH BAYSHORE DR. #3F MIAMI, FL 33133
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(Use attachment if necessary)	
NOTE: An additional article mu	st be added if an effective date is requested.
REQUIRED SIGNATURE:	80.

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.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)