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12/30/04 P 2:59

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

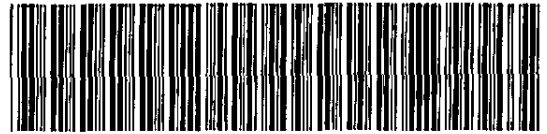
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TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2010 03 02 09:54

SUBJECT: SOL MOBIL MARINE FIBERGLASS REPAIRS, LLC.
(Name of Limited Liability Company)

RECEIVED
MAR 02 2010
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arlen M. Leiner

(Name of Person)

SOL MOBIL MARINE FIBERGLASS REPAIRS, LLC.
(Firm/Company)

2333 Knoll Ave. North

(Address)

PALM Harbor, Florida 34683

(City/State and Zip Code)

For further information concerning this matter, please call:

Arlen M. Leiner

(Name of Person)

at (727) 785 2945

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 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:

Mobil Marine
SOL. FIBERGLASS REPAIRS, LLC.

ARTICLE II - Address:

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

Principal Office Address:

1505 Savannah Ave
Tarpon Springs FL 34689

Mailing Address:

1505 Savannah Ave.
Tarpon Springs FL 34689

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

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

Arlen M. Leiner

Name

2333 Knoll Ave North

Florida street address (P.O. Box **NOT** acceptable)

Palm Harbor

FL

34683

City, State, 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, F.S..

[Signature]
Registered Agent's Signature

(CONTINUED)

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

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

FILED

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

FILED 30 P 2: 54

MGR

Oscar Solis

10136 Brandy Wine Lane

Port Richey Fl 34668

MGRM

Alicia Solis

10136 Brandy Wine Lane

Port Richey Fl 34668

MGRM

Arlen M. Leiner

2333 Knoll Ave North

Palm Harbor Fl 34683

MGRM

MGRM

2333 Knoll Ave. North

PalmHarbor,FL 34683

(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.)

Arlen M. Leiner

Typed or printed name of signee

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)