Division of Corporations Public Access System

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(((H05000015573 3)))

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To:

Division of Corporations

Fax Number : (850)205-0383

Account Name : HUBCO

Account Number : 104662003400

Phone (516)935-3940

Fax Number

(515) 935-3088

LIMITED LIABILITY COMPANY

Shoreline Marine Supply, LLC

Certificate of Status	1
Certified Copy	O
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Meau.

Comporate Filing.

Public Access Help.

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ARTICLES OF ORGANIZATION FOR

	LIABILITY COMPANY
ARTICLE I - Name The name of the Limited Liability Company is: Shoreline	Marine Supply, LLC
ARTICLE II - Address The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1101 1st Street SW	1101 1st Street SW
Ruskin, FL 33570	Ruskin, FL 33570

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

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

William R. Williams

William R. Williams	
Name	
6339 Cottonwood Lane	
(P.O. Box or Mail Drop Box	NOT Acceptable)
Apollo Beach, FL 33572	
(City / State / Zij	n)

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.

Registered Agent's Signature - William R. Williams

ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address:

"MGRM" = Managing Member

MGRM Williams - 6339 Cottonwood Lane, Apollo Beach, FL 33572

MGRM Linda C. Williams - 6339 Cottonwood Lane, Apollo Beach, FL 33572

(Use attachment if necessary)

"MGR" = Manager

REQUIRED SIGNATURE:

Signature of a member or 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 R. Williams

Typed or printed name of signee

ZOUS JAN 20 AM ID: 13
SECRETARY OF STATE
TALLAHASSEE FLORIE