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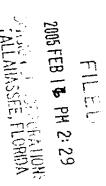
| (Requestor's Name)                      |   |  |
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| PICK-UP WAIT MAIL                       |   |  |
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| (Business Entity Name)                  | _ |  |
| (Business Entity Name)                  |   |  |
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| Certified Copies Certificates of Status | _ |  |
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| Special Instructions to Filing Officer: |   |  |
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Office Use Only



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## TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations  |  |  |  |
|--|--|--|--|
| SUBJECT: Total Marine Management LLC (Name of Limited Liability Company)  The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    |  |  |  |
| The enclosed Articles of Organization and fee(s) are submitted for filing.   |  |  |  |
| Please return all correspondence concerning this matter to the following:  |  |  |  |
| Sean P. Mahoney (Name of Person)   |  |  |  |
| Total Marine Management LLC (Firm/Company)   |  |  |  |
| 2745 NE 27+L st apt. #2  |  |  |  |
| Lighthouse Point, FL 33064 (City/State and Zip Code)   |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |
| Sean Mahoney at (954) 295-8301 (Area Code & Daytime Telephone Number)  |  |  |  |
| Enclosed is a check for the following amount:  |  |  |  |
| \$\frac{1}{2}\$\$130.00 Filing Fee & Certificate of Status  \$\frac{1}{2}\$\$\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$\frac{1}{2}\$ |  |  |  |
| STREET ADDRESS:  Registration Section  Division of Compositions  MAILING ADDRESS:  Registration Section  Division of Compositions  |  |  |  |

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is:         | PALLE FEB   |
|---|---|
| Total Marine Ma   | nagement 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:                                    |
| 2745 NE 27th stapt.#2<br>Lighthouse point, FL<br>33064                  | 2745 NE 27th st apt #2 Lighthouse point, FL 33064   |

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

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

Sean Mahoney
Name

2745 NE 27th st apt #2
Florida street address (P.O. Box NOT acceptable)

Lighthouse Pt. FL 33064

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..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

## ARTICLE'IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGR Sean Mahoney 2745 NE 17+h s+ apt. #2 Lighthouse point, FL. 33064 (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.)

Sean Mahoney
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)