## 650000 63361

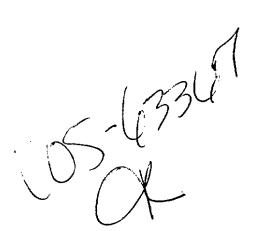
(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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## TRANSMITTAL LETTER

TO: Registration Se Division of Cor			
SUBJECT: A&A M	larine, LLC (Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
, <u>.</u>		John Arbizzani Name of Person)	
	A & A Marin	ie, LLC	
		Firm/Company)	
	44 Av	enida Menendez	
<del></del>	<del></del>	(Address)	<del></del>
	Saint Augustine,	FL 32084	
	(City)	/State and Zip Code)	<del></del>
For further information	concerning this matter, please	call:	
John Arbizzani		at ( 904 ) 829-5578	3
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or 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)
Regist	ET ADDRESS: tration Section on of Corporations	MAILING A Registration of C	Section Corporations

409 E. Gaines Street Tallahassee, Florida 32399 P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A & A Marine, LLC				
ARTICLE II - Addre				
The mailing address ar	nd street address of	f the principal office of the Limited Liability Company is		
Principal Office Address:		Mailing Address:		
44 Avenida Menendez		44 Avenida Menendez		
Saint Augustine, FL 32084		Saint Augustine, FL 32084		
		istered Office, & Registered Agent's Signature: of the registered agent are:		
The name and the Flor				
The name and the Flor	ida street address o			
The name and the Flor	ida street address o	of the registered agent are:		
The name and the Flor	ida street address o iis John Arbizzani Avenida Menendez	of the registered agent are:		
The name and the Flor	ida street address o iis John Arbizzani Avenida Menendez	of the registered agent are:		

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)

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	r
MGR	Louis John Arbizzani
	44 Avenida Menendez
	Saint Augustine, FL 32084
MGRM	Jimmy Ashcraft
	44 Avenida Menendez
	Saint Augustine, FL 32084
(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.
V	
of this documer	with section 608.408(3), Florida Statutes, the execution of constitutes an affirmation under the penalties of perjury 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)

Louis John Arbizzani
Typed or printed name of signee