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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
<u> </u>	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
(M)	Office Use Only
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SELVAHASSEE, FLORIDATE

TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: SOL MAI		d Liability Company)	
	(Name of Limite	ed 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:	
Arlen M.	Leiner		
	(1	Name of Person)	
SOL MARINE REPA	AIR.LLC.		
		Firm/Company)	
2333 Knoll /	Ave. North		75 S
		(Address)	05 JUL 27 AM 10: 28 RALLAHASSEE, FLORI
			7 P
PALM	M Harbor, Florida 34683		SC
	(City/	State and Zip Code)	27 AM 10: ASSEE, FLI
			92 ° 2
For further information	concerning this matter, please	call:	DA O
		705 0045	T annual of the second of the
Arlen M. Leiner	of Person)	at (727) 785 2945 (Area Code & Daytime Te	Jenhone Number)
(1141112	011 015011/	(riou code de Dayanie re	reprode reamoer)
Enclosed is a check fo	r the following amount:		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status		☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy
			(additional copy is enclosed)
STRE	ET ADDRESS:	MAILING A	DDRESS:
Registr	ration Section	Registration S	ection
	on of Corporations Gaines Street	Division of Co P.O. Box 6327	
	assee, Florida 32399	Tallahassee, F	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: . SOL MARINE REPAIR, LLC.

ARTICLE II - Address:

Palm Harbor

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

Principal Office Address:	Mailing Address:	
1507 Savannah Ave	2333 Knoll Ave. N	
Tarpon Springs FL 34689	Palm Harbor, FLorida 34683	-
ARTICLE III - Registered Agent, Re	egistered Office, & Registered Agent's Signature:	
Arlen M. Leiner	Name A Name	1
	Name Sc. 23	4
2333 Knoll Ave North	mir. Mik ≇ 1	7

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..

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

Registered Agent's Signature

City, State, and Zip

(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			
MGR	Oscar Solis		
	10136 Brandy Wine Lane		
	Port Richey FI 34668		
MGRM	Alicia Solis		
	10136 Brandy Wine Lane		
	Port Richey FI 34668	<u> </u>	
MGRM	Arlen M. Leiner		
	2333 Knoll Ave North		
	Palm Harbor FI 34683		
MGRM	CAROLA. Leiner		
•	2333 Knoll Ave. North		
	PalmHarbor,FL 34683		
(Use attachment if necessary)	** *		
NOTE: An additional article must be a	dded if an effective date is requested.	25	
DECYMPED CICNATURE.	L L L	05 JUL 27	E
REQUIRED SIGNATURE:	H.	<i>√</i> 2	
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	Fig	=	
Signature of a member or	an authorized representative of a member	흪	
(In accordance with section	608.408(3), Florida Statutes, the execution	N	المسيحة
of this document constitutes that the facts stated herein	an affirmation under the penalties of perjur	8	
Arlen M. Leiner			
Typed o	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)