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J. Shhera SEP 29 2005

TRANSMITTAL LETTER

TO: Registration Se Division of Co.					
SUBJECT:	SEA RESCUI	E & REPAIR LLC.			
	(Name of Limited	Liability Company)			
The enclosed Articles of	f Organization and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
<u></u>	· · · · · · · · · · · · · · · · · · · 	DUANE T. WATSON fame of Person)			
	SEA RES	CUE & REPAIR LLC.			
	(F	'irm/Company)			
	96772 1	11 OSCAR HILL RD. S	vits 11		
TARPON SPRINGS FL. 34689					
	(City/S	State and Zip Code)			
For further information	concerning this matter, please c	call:		05 SEP 22 PM 12: 56 SECRETARY OF STATE TALL AHASSEE, FLORIF	
CAPTAIN DUANE T. WATSON at (727) 937-1100					
(Name	of Person)	(Area Code & Daytime Te	elephone Number)	FF PH	
Enclosed is a check for	or the following amount:			2: 56 STAT FLORI	
□ \$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:				
SEA RESCUE & REPAIR LLC.				
ARTICLE II - Address:				
The mailing address and street address	s of the principal office of the Limited Liability	Company is:		
Principal Office Address:	Mailing Address:			
SUITE 11 OSCAR HILL RD.	SUITE 11 OSCAR HILL RD.			
TARPON SPRINGS FL.	TARPON SPRINGS FL.			
34689	34689	**************************************		
ARTICLE III - Registered Agent, F	Registered Office, & Registered Agent's Sign	ature:		
	os of the registered agent are.	S		
CAPTAI	N DUANE T. WATSON	SEP		
CAPTAI		SEP 22		
CAPTAI	N DUANE T. WATSON	SEP 22 FA		
	N DUANE T. WATSON Name	SEP 22 FILE		
	N DUANE T. WATSON Name 6 OAK AVE. da street address (P.O. Box NOT acceptable)	SEP 22 FILORI		

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	Name and Address:
MGR	CAPTAIN DUANE T. WATSON 6 OAK AVE. PALM HARBOR, FL. 34684
MGRM	SHUSSY, STEPHEN E. 5415 444 STreet Zephyrhills, FL 3354)
(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.)

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)