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## **COVER LETTER**

TO:		tration i						
SUBJE	CT: _	<b>ゴ</b> #	1	Maritime	Services L	LC		
٠	SUBJECT: J/L Maritime Services LLC (Name of Limited Liability Company)							
The enc	losed A	Articles	of Org	anization and fee(s) are s	abmitted for filing.			
Please re	eturn a	ll corre	sponde	nce concerning this matte	r to the following:			
_	JAMES N. KANIA (Name of Person)							
				(	Name of Person)			
-				(	Firm/Company)	<del> </del>		
		7		_	_			
		4. C	<u> </u>	Box 209	9			
					(Address)			
_	F	LAG	LE	R BEACH	, Fh 32	136		
				(City	(State and Zip Code)			
For furth	ner info	rmatio	n conc	erning this matter, please	call:			
<u> </u>	mE	ک	ν.	KANIA	at ( 386 ) 439 (Area Code & Daytime To	- 4970		
		(Nan	of Pe	erson)	(Area Code & Daytime To	elephone Number)		
Enclose	ed is a	check	for the	following amount:				
<b> \$125</b> .	00 Fil	ing Fee	Cé	\$130.00 Filing Fee & crtificate 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)		
			Re D: P.	calling Address egistration Section existion of Corporations O. Box 6327 ellahassee, FL 32314	Street/Courler Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mem	ber
MGR	JAMES N. KANIA
<del></del>	P.O. Box 2099
	JAMES N. KANIA P.O. BOX 2099 FLAGLER BEACH, FL 32136-
MGRM	
	P.O. Roy 2099
	FLAGLER BEACH, FL 32136-20
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(Use attachment if necessary	)
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\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
If L Maritime Services, LLC  (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.	_, <u>"</u> )		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability	Compan	y is:	
Principal Office Address: Mailing Address:			
305 NORTH 12th ST. P.O. BOX 2099 FLAGLER BEACH, FL 32136 FLAGLER BEACH, FL	<u>3</u> 213	6-2	<b>0</b> 99
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signa (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or a business entity with an active Florida registration.)		0	
The name and the Florida street address of the registered agent are:	SECT.	05 CCT 31	2
JAMES N. KANIA	天5.66.		
Florida street address (P.O. Box NOT acceptable)	SEE FLORIDA	PM 1: 32	
FLAGLER BEACH FL 32136 City, State, and Zip	×π	ro	
Having been named as registered agent and to accept service of process for the above s	itated lim	iited	

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 (REQUIRED)

(CONTINUED)
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