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## **COVER LETTER**

TO: Registration Section Division of Corporations SUBJECT: Safeguard Marine Surveying 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: Michael B. Davenport (Name of Person) Safeguard Marine Surveying LLC (Firm/Company) P.O. Box 5486 (Address) Sarasota, FL 34277 (City/State and Zip Code) For further information concerning this matter, please call: 41 366-0888
(Area Code & Daytime Telephone Number) Michael B. Davenport (Name of Person) Enclosed is a check for the following amount: \$130.00 Filing Fee & \$125.00 Filing Fee \$155.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status &

**Mailing Address** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

# ARTICLES OF ORGANIZATION FOR FLÖRIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Safeguard Marine Surveying LLC (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2403 Juniper Place	PO Box 5486
Sarasota, FL 34239	Sarasota, FL 34277
Sarasota, FL 34239	egistered agent are:  Signate an individual or are the position of the positio
City, State, an	ad Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	recept service of process for the above stated limited his certificate, I hereby accept the appointment as a. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(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:

MGR	Michael B. Davenport
	2403 Juniper Place
	Sarasota, FL 34239
Use attachment if necessary)	
	04 100 200
EV: Effective date, if other than the date is listed, the date must be s	mecific and cannot be more than five business d
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(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.)

Michael B. Davenport

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)