L000000 23799

(Re	questor's Name)	
(Art	dress)	·· <u>·</u>
v iv	u1033)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Nam	ie)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		ایار
		20
	Office Use Only	



400066559444

03/01/05--01016--016 **130.00

5/4:1 KA 1-5/106

Registration Section Division of Corporations

SUBJECT: English Landing Marine Services 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:

James H Sterling III (Name of Person) **English Landing Marine Services LLC** (Firm/Company) 509 S Ponce de Leon Blvd., (Address)

St. Augustine, FI 32084

(City/State and Zip Code)

For further information concerning this matter, please call:

James H Sterling

(Name of Person)

at (904) 814 7168 (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 ₽øē, Certificate of Status & Certified Copy

(additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

English Landing Marine Services 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:
English Landing Marine Services 509 S Ponce de Leon Blvd., St. Augustine, Fl 32084	English Landing Marine Services, 509 S Ponce de Leon Bvld, ST. Augustine, FI 32084
St. Augustine, 11 32004	01. Augustine, 1102004
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results	red Agent. You must designate an individual or another
The hame and the Fiorita succe address of the re	P T A T
James H Sterling III	
Name	F1 1:45
509 S Ponce de Leon Blvd	
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
St. Augustine, Fl. 32084	FL
City, State, ar	nd 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	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance 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	TV-	Manageri	(s) o	r Mana	ging	Mem	her(s)	:
AKLIVUU	T 4 -	TATUTUE	(J) V	N TANGERS	45,1115,	TARCHE	UC 1 (3)	٠

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	James H Sterling III 509 S Ponce de Leon Blvd., St. Augustine, FI 32084
	06 M.22 - 1 PM
(Use attachment if necessary)	F STATE
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: 03/01/2006 (OPTIONAL) ecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	an authorized representative of a member.
(In accordance with section	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury
James H Sterling III 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)