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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J.			





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_AZARUS CORPORATE FILING SE	RVICE	
3320 SW 87 TH AVENUE		
MIAMI, FL 33165 (305) 552-	5973	
	<u></u>	Office Use Only
ORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):
MARINE TRADES (Corporation Name)	(S, LLC (Document #)	
(Corporation Name)	(Document #)	
; •		
(Corporation Name)	(Document #)	· ·
(Corporation Name)	(Document #)	
Walk in Pick up time	2.00	Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>	
Profit	Amendment	•
Not for Profit Limited Liability	Resignation of Change of Regi	R.A., Officer/Director
Domestication Other	Dissolution/Win	
OTHER FILINGS		<u>QUALIFICATION</u>
Annual Report	☐ Foreign	
Fictitious Name	Limited Partner	ship
	Reinstatement Trademark Other	
		<u></u>

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Marine Traders, LLC (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5860 Paradise Point Dr. Palmetts Bay, FL 33157	SAME"
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regista business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	52 5
Mana [] Name	<u> </u>
5860 Paradi Florida street add	se Point Dr. ress (P.O. Box NOT acceptable)
Village of Pol City, State, a	Meto Bay, FL 33167 nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as 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
X XIIII	re (REOURED)

(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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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

Typed or printed name of signee

Filing Foes:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.80 Certificate of Status (Optional)