

U6000053959

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC..
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

TAXEXP
2006 MAY 24 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06 MAY 24 AM 10:16
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

GEORGE PINON MARINE LLC

Certificate of Status	0
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EFFECTIVE DATE
5-19-06

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GEORGE PINON MARINE LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5707 HAYES STREET
HOLLYWOOD FL 33021

Mailing Address:

5707 HAYES STREET
HOLLYWOOD FL 33021

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

GEORGE PINON
5707 HAYES STREET
HOLLYWOOD FL 33024

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 (REQUIRED)

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ARTICLE IV- Manager(s) or Managing Member(s):

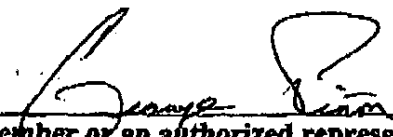
The name and address of each Manager or Managing Member is as follows:

Title: Name and Address:

**GEORGE PINON-MGR
5707 HAYES STREET
HOLLYWOOD FL 33021**

ARTICLE V: Effective date, if other than the date of filing: May 19, 2006
(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 that the facts stated herein are true.)

George Pinon

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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