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Florida Department of State

Division of Corporations

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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Marine Doctors LLC

Certificate of Status	0
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FAX AUDIT #

H000002251473

**ARTICLES OF ORGANIZATION
OF
Marine Doctors LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Marine Doctors LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 2120 Range Road, Clearwater, Florida 33765.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Thomas Shier, 2120 Range Road, Clearwater, Florida 33765. Located in the County of Pinellas.

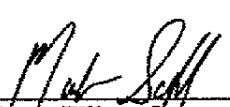
ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Christopher King, 136 Devon Drive, Clearwater, Florida 33767


Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717

(608) 827-5300

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FAX AUDIT # H060002251473CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Marine Doctors LLC**

The name and address of the registered agent and office is Thomas Shier, 2120 Range
Road, Clearwater, Florida 33765. Located in the County of Pinellas.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: _____

Thomas Shier
Thomas Shier

Date: _____

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