## L06000118565

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing C	Officer:

Office Use Only



500081599855

ETTERIVE DATE SEE. FLO

OF DEC 13 AM III

RECEIVED

06 DEC 13 AH 8: 5:

DEPARTURE TO BE STATE

NATIONAL ANALYSIS OF STATE

TAIL ANALYSIS OF STAT



ACCOUNT NO. : 072100000032
REFERENCE: 660041 7147117
AUTHORIZATION: Spullelenan Pro Comment
COST LIMIT : \$150.00
ORDER DATE : December 12, 2006
ORDER TIME : 4:53 PM
ORDER NO. : 660041-005
CUSTOMER NO: 7147117
DOMESTIC FILING
NAME: GENERATION MARINE FINANCE, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Doreen Wallace - EXT. 2928
FYAMINED/C INTTIALC.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

aviicines of	DROAMEATION P	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - N	ame:	. <i>0</i> .
	Limited Liability Comp	CARCITAL DATE
Generation Marir	ne Finance, LLC	-12/12/0b E
		y, "Limited Company" or their abbreviation "LLC." or "L.C")
	• • • •	F 7
ARTICLE II - A	\ddress:	7º, 0
The mailing addr	ess and street address of	f the principal office of the Limited Liability Company Roy
Principal Office	Address:	Mailing Address:
2525 Marina Bay Dri	ve West 203	2525 Marina Bay Drive West 203
t. Lauderdale, FL 3:	3312	Ft. Lauderdale, FL 33312
The name and the	e Florida street address of Roxanne Hurlburt	of the registered agent are:
		Name
	2525 Marina Bay Dri	ve West 203
		treet address (P.O. Box NOT acceptable)
	Ft. Lauderdale	rt 33312
		, State, and Zip
liability comp registered agent statutes relating	any at the place designa and agree to act in this c g to the proper and comp	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S
		- 11

(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:

MGRM	Lincoln Day
	2525 Marina Bay Drive West 203
	Ft. Lauderdale, FL 33312
N/A	
<del></del>	
V/A	
	····
N/A	
Use attachment if necessary)	
ose attachment if necessary)	

**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.)

Marko Andric, Esq., Authorized Representative

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)