1010000 14074

| (Requestor's Name) | |
|---|------------|
| (Address) | 400088 |
| (Address) | 400000 |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | 20 40 477. |
| (Business Entity Name) | 02/19/07(|
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only

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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: HARRIS 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: |
| JACK HARRIS (Name of Person) |
| HARRIS MARINE SERVICES, LLC (Firm/Company) |
| 3802 CR 513 (Address) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| TACL HARRIS at 352, 603-1046 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status \$\sum \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ |
| Mailing Address Registration Section Division of Corporations P.O. Box 6327 Street/Courier Address Registration Section Division of Corporations Division of Corporations Division of Corporations Division of Corporations |

Tallahassee, FL 32314

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: | |
| HARRIS MARINE SERYIC (Must end with the words "Limited Liability Company, "Limited Company" or their abbr | CES, LLC eviation "LLC," or "L.C.,") |
| | , , , |
| ARTICLE II - Address: The mailing address and street address of the principal office of the | Limited Liability Company is: |
| Principal Office Address: Mailing Address | |
| 3802 CR 513 WILDWOOD, FL 34785 | 200 5.0 7.0 |
| WILDWOOD, FL 34785 | |
| ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agent. You must desbusiness entity with an active Florida registration.) | red Agent's Signature: |
| The name and the Florida street address of the registered agent are: | |
| JACK HARRIS | · |
| Name | |
| 3802 CR 513 | |
| Florida street address (P.O. Box NOT ac | • |
| WILDWOOD, FL 347 City, State, and Zip | 82 |
| City, State, and Zip | |
| Uning been named as registered arent and to accept service of 180 | cass for the above stated limited |

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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

SEFFECTIVE WATE

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

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|---|
| m G R | JACK HARRIS 3802 CR SI3 WILDWOOD, FL 34785 |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| ICLE V: Effective date, if other the | an the date of filing: <u>FFB. 15, 2007</u> (OPTIONAL) nust be specific and cannot be more than five business days pr |
| ICLE V: Effective date, if other that effective date is listed, the date me 90 days after the date of filing.) REQUIRED SIGNATURE: | nust be specific and cannot be more than five business days pr |
| ICLE V: Effective date, if other that is effective date is listed, the date in 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a management of this document that the facts is | an the date of filing: FFB. 15, 2007(OPTIONAL) nust be specific and cannot be more than five business days pr member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.) ACK + ACRIS Typed or printed name of signee |

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

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)