

107000059572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

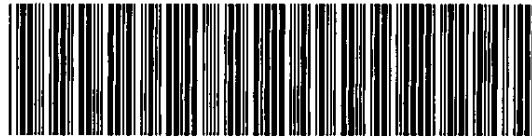
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

DB

Office Use Only



700103743807

06/05/07--01026--002 **160.00

FILED
07 JUN -5 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 6-01-07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Complete Marine Clean, 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:

Carol A. Mahood

(Name of Person)

Complete Marine Clean, LLC

(Firm/Company)

50 NE Dixie Hwy, Suite E6

(Address)

Stuart, Florida 34994

(City/State and Zip Code)

07 JUN -5 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Carol A. Mahood at (772) 215-4675
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
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:

Complete Marine Clean, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "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:

50 NE Dixie Hwy, Suite E6

Stuart, Florida 34994

Mailing Address:

50 NE Dixie Hwy, Suite E6

Stuart, Florida 34994

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Carol A. Mahood

Name

934 NW Spruce Ridge Dr, A4

Florida street address (P.O. Box NOT acceptable)

Stuart

FL 34994

City, State, and Zip

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)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 6-01-07

FILED
07 JUN -5 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Carol A. Mahood

934 NW Spruce Ridge Dr, A4

Stuart, Florida 34994

MGRM

Roy B. Mahood

934 NW Spruce Ridge Dr, A4

Stuart, Florida 34994

(Use attachment if necessary)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JUN -5 PM 3:19

FILED

ARTICLE V: Effective date, if other than the date of filing: 06/01/2007. (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 that the facts stated herein are true.)

Carol A. Mahood

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)