

LO7000098177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

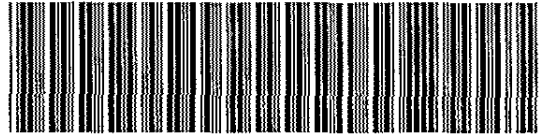
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 SEP 26 AM 11:39 07 SEP 26 PM 2:22
DEPARTMENT OF STATE SECRETARY OF STATE
DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

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07 SEP 26 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- T.N. FOSTER MARINE LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Gillespie and Gillespie P.A.
P.O. BOX 580
New Smyrna Beach, FL 32170-0580

Examiner's Initials

Please refund overpayment to name and address as it appears on payment check. Thank you.

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**ARTICLES OF ORGANIZATION OF
T. N. FOSTER MARINE LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "T. N. Foster Marine LLC."

ARTICLE II — Address:

The mailing address and street address of the principal office of the Company is: **1901 Travelers' Palm Drive, Edgewater, Florida 32141.**

Article III — Registered Agent:

The name and the Florida street address of the initial registered agent is: **T. N. Foster, 1901 Travelers' Palm Drive, Edgewater, Florida 32141.**


ARTICLE IV—Purpose :

This Limited Liability Company is organized to engage in any business permitted under applicable Florida Statutes. In addition thereto, this Limited Liability Company shall specifically engage in dry dock and seawall construction and entering into contracts connected therewith.

ARTICLE V—Term :

The term of this Limited Liability Company shall begin upon the acceptance of Articles of Organization by the Florida Department of Florida, and shall be perpetual.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative and a member and acknowledged them to be my act this 25th day of September 2007.



T. N. FOSTER
Signature of Member

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED
OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.**

1. The name of the Limited Liability Company is: **T. N. Foster Marine LLC.**
2. The name of the registered agent is: **T. N. Foster .**
3. The registered street of the registered agent is: **1901 Travelers' Palm Drive,
Edgewater, Florida 32141.**

*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.*



T. N. FOSTER
Registered Agent