

L08000039484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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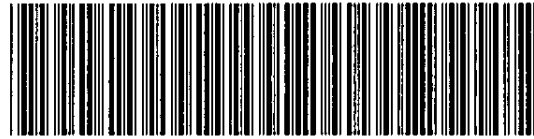
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

MARSHA

TO: Registration Section
Division of CorporationsSUBJECT: OFFSHORE CONTRACTING SOLUTIONS 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:

Thomas Ziol

(Name of Person)

(Firm/Company)

201 S. RIVERSIDE DR.

(Address)

POMEROY BEACH FLA. 33062

(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Ziol

(Name of Person)

at

954 707 8115

(Area Code & Daytime Telephone Number)

THOMAS.ZIOL@YAHOO.COM

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing AddressRegistration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street/Courier AddressRegistration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

OFFSHORE CONTRACTING SOLUTIONS LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

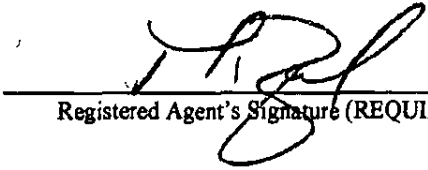
Principal Office Address:201 S. RIVERSIDE DR.
POMPANO BEACH FL
33062**Mailing Address:**SAME**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**

(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:

Thomas J. Zioli SR
Name201 S. RIVERSIDE DR
Florida street address (P.O. Box NOT acceptable)
POMPANO BEACH FL 33062
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

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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:MGRMTHOMAS ZIOI201 S. RIVERSIDE DR.POMPAH BEACH FL 33062

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/21/08 (OPTIONAL) **FILED**
 (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.) **08 APR 21 PM 3:05**
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.)

THOMAS J ZIOI

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)