Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Fax Number

Phone

: (305)552-5973 : (305)220-1440

FLORIDA/FOREIGN LIMITED LIABILITY

TRANSOCEANIC OIL SERVICES, L.L.C.

Certificate of Status Certified Copy 03 Page Count Estimated Charge

A. LUNT

MAY 23 2008

EXAMINER

Electronic Filing Menu

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Help

H08000135590

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

Transoceanic Oil Scruices L.L.C.,

(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:	Mailing Address:
2889 McFarlane Road	Same
10 V/T # 1118	
Miami PL 33133	
	egistered agent are: O C C U Z Clauc Road # 11 Iress (P.O. Box NOT acceptable) PI. 33(33)

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

H08000135590

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

	Title: "MGR" = Manager	Name and Address:
	"MGRM" = Managing Member	Ricardo Cruz 2889 McFarlanc Rd. #1118 Miami, RL 33135 3 7
		ASSEC A
		SATE TO A T
		
ARTI	(Use attachment if necessary) CLEV: Effective date if other than the	e date of filing: (OPTIONAL)
(If an	effective date is listed, the date must b 0 days after the date of filing.)	e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:		
Signature of a member or an authorized representative of a member.		
	of this document cons that the facts stated	

Filing Fees;

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

H08000135590