

L08000059246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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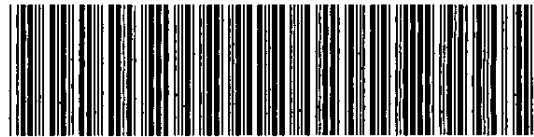
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 JUN 16 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUN 17 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERNATIONAL MARINE MASTERS GROUP, 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:

ANDRZEJ JARMOC

(Name of Person)

(Firm/Company)

4111 STIRLING RD APT 301

(Address)

FT LAUDERDAEL, FL 33314

(City/State and Zip Code)

For further information concerning this matter, please call:

MIRA JUDAH

(Name of Person)

at (954) 647-2203

(Area Code & Daytime Telephone Number)

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 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:

INTERNATIONAL MARINE MASTERS GROUP, 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:

2015 SW 20 ST SUITE 216
FT LAUDERDALE, FL 33315

Mailing Address:

2015 SW 20 ST SUITE 216
FT LAUDERDALE, FL 33315

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:

MIRA JUDAH

Name

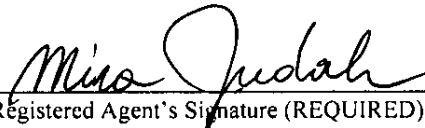
2946 N STATE RD 7

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

LAUDERDALE LKS FL 33313

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)

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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

ANDRZEJ JARMOC

411 STIRLING RD APT 301

FT LAUDERDALE, FL 33314

MGRM

RUDETTE BANNIS

4309 WASHINGTON ST

HOLLYWOOD, FL 33021

MGRM

CHRIS DAVID

4610 SW 65 AVE

DAVIE, FL 33314

MGRM

JOZEF DUBAS

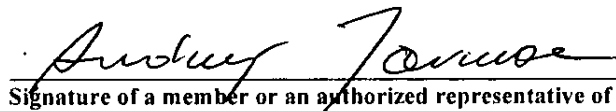
114 LAKE EMERALD DR APT 108

FT LAUDERDALE, FL 33309

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

ANDRZEJ JARMOC

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)

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TALLAHASSEE, FLORIDA

CONTINUATION OF:
ARTICLE IV – Manager(s) or Managing Member(s)

Additional MGRM = Managing Member

Title:

Name and Address:

MGRM

MARK SZELEZIN
7997 HAMPTON BLVD APT 124
N LAUDERDALE, FL 33068

MGRM

VOLODYMYR DUDNIK
600 PARKVIEW DR APT 405
HALLANDALE, FL 33009

MGRM

VITALIY DROBINA
600 PARKVIEW DR APT 405
HALLANDALE, FL 33009

MGRM

ROBERT WERNER
11787 NW 26 ST
CORAL SPRINGS, FL 33065

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