

L08000093527

(Requestor's Name)
(Address)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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09/18/08--01033--021 **160.00

SECRETARY OF STATE ALLAHASSEE, FLORID, J.103

COVER LETTER

 $\mathcal{A}_{j,\mathcal{F}}^{*}$

то:	Registration Section Division of Corporations			
SUBJ	ECT:	LLC	ited Liability Company)	
		(Name of Lim	ited Liability Company)	
The en	closed Articles of Organization	on and fee(s) are	e submitted for filing.	
Please	return all correspondence cor	cerning this ma	atter to the following:	
	Jonathan Ke	nt	(Name of Person)	
			(Name of Person)	
	Jonathan Ke C and J	LLC	(Firm/Company)	
			(Firm/Company)	
	#4 Gecko L	مد		
			(Address)	
	Key West	FL 3	(Address) 33040 ity/State and Zip Code)	
	<i></i>	(C	ity/State and Zip Code)	
For fur	ther information concerning t	his matter, plea	se call:	
Cl	nristopher Kent		at (703) 447 - (Area Code & Daytime Tele	9054
	(Name of Person)		(Area Code & Daytime Tele	ephone Number)
Enclos	sed is a check for the follow	ving amount:	ol.	
\$ 125.	.00 Filing Fee □\$130.00		\$155.00 Filing Fee &	\$160.00 Filing Fee,
	Certifica	ate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing A		Street/Courier Address	
	Registration	on Section	Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



September 19, 2008

JONATHAN KENT #4 GECKO LANE KEY WEST, FL 33040

SUBJECT: C AND J LLC Ref. Number: W08000043668

We have received your document for C AND J LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L00000016117.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Letter Number: 708A00050867

COVER LETTER

	ition Section of Corporations	·
SUBJECT:	Steem line M (Name of Limited L	laritime LLC
	(Name of Limited L	iability Company)
The enclosed Arti	icles of Organization and fee(s) are subr	mitted for filing.
Please return all c	correspondence concerning this matter to	o the following:
	Jonathan Kent	
	(Nar	me of Person)
	Streamline Maris	time LLC
	Hey West FL (City/Sta	
	•	(Address)
	Key West FL	33040
***************************************	/ (City/Sta	ate and Zip Code)
For further inform	nation concerning this matter, please cal	1:
Jonatha	Name of Person)	(703) 850 393) (Area Code & Daytime Telephone Number)
Enclosed is a ch	eck for the following amount:	
]\$125.00 Filing	Fee \$\int_\$130.00 Filing Fee & \$\int_\$ Certificate of Status	\$155.00 Filing Fee & S160.00 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:

Streamline Maritime L (Must end with the words "Limited Liabili	LC
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Jonathan Kent 4 Gecko Lanc Key West FL 33040 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Jonathan Kent 4 Gecko Lane Key West FL 33040 Office, & Registered Agent's Signature: Gred Agent. You must designate an individual or another egistered agent are:
The name and the Florida street address of the re	egistered agent are:
Cynthia Gay Name 24838 Overses Florida street addr Summer land Key City, State, ar	ress (P.O. Box NOT acceptable)
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity.	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and

(CONTINUED) Page 1 of 2

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

ARTICLE IV- Manager(s) or Ma	
	ager or Managing Member is as follows: 2008 OCT - 1 PH
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address: JECRETARY OF TALLAHASSEE, F
MGRM	Jonathan Kent 4 Gecko Lone Key West FL 33040
	Key West FL 33040
MGRM	Christopher Kent 4 Gecko Lane Key West FL 33040
	Key West FL 33040
	•
	
(Use attachment if necessary)	
W. W. W. C. Commanday and a Complete of the state of the	e date of filing: (OPTIONAL)
fective date is listed, the date must l days after the date of filing.)	be specific and cannot be more than five business days p
fective date is listed, the date must leads after the date of filing.) REQUIRED SIGNATURE:	
fective date is listed, the date must leads after the date of filing.) REQUIRED SIGNATURE:	
fective date is listed, the date must led days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb	ber or an authorized representative of a member.
fective date is listed, the date must led days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

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)