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PICK-UP WAIT MAIL
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(Document Number)
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B. KOHR

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EXAMINER



LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552	2-5973	ED PASSEE
a company of the second of		Office Use Only
CORPORATION NAME(S) & DOCUME	ENT NUMBER(S), (if	known):
1. TAMIAMI MA	PRINE MI	ANAGEMENT, LLC
(Corporation Name)	(Document #)	,
2. (Corporation Name)	(Document #)	
2		
(Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	<u> </u>
Walk in Pick up time 2	•	Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R Change of Regist Dissolution/With Merger	
OTHER FILINGS	REGISTRATION/O	<u>UALIFICATION</u>
Annual Report Fictitious Name	Foreign Limited Partners Reinstatement Trademark Other	hip · ·
CP2F021/7/07\		Examiner's Initials

ARTICLE I - Name: The name of the Limited Liability Company is: TAMI AMI MARINE MANAGEMENT, LLC, "Or "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: Mailing Address: 8150 SW 8 ST + 206 MIAMI, FL 33/44 MIAMI, FL 33/44

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:

Charles A. Allison, JR.			
Name			
8150 SW 8 ST # 206			
Florida street address (P.O. Box NOT acceptable)			
MIAMI, FL FL 33/44			
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)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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.) Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV- Manager(s) or Managing Member(s):

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)