## L09000042403

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





600153097886

DECEIVED

OPEN -1 PM 1: 41

B. KOHR

MAY - 1 2009

EXAMINER

FILED

09 MAY - 1 PH 4: 35

ECRETARY OF STATE
ALLAHASSEE FI ORIGINAL



ACCOUNT NO.: I20000000195

REFERENCE: 978403 7282966

AUTHORIZATION: COST LIMIT: \$125.00

ORDER DATE: April 30, 2009

ORDER TIME: 11:01 AM

ORDER NO.: 978403-005

CUSTOMER NO: 7282966

DOMESTIC FILING

NAME: OSO MARINE LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS:

ARTICLE I - Name: The name of the Limited Liability Cor	mpany is:
OSC	MARINE LLC
(Must end with the words "Li	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company's:
Principal Office Address:	Mailing Address:
3750 Percival Avenue	3750 Percival Avenue
Miami, FL 33133	Miami, FL 33133
	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another

The name and the Florida street address of the registered agent are:

Corporation Service	e Company
	Name
1201 Hays Street	
Florida st	reet address (P.O. Box NOT acceptable)
Tallahassee	<sub>FL</sub> 32301
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..

> Corporation Service Company Kimberly B. Moret as its agent

> > (CONTINUED) Page 1 of 2

## Page 1 of 2

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

	er aging Member	Name and Address:
MGR	•	Cpt. Joshua Martinez 3750 Percival Avenue Miami, Elorida 33133
	- <b>-</b>	
	<del></del>	
	_	
(Use attachment i	f necessary)	
CLE V: Effective of	ed, the date must be	late of filing: (OPTIONAL specific and cannot be more than five business days
0 days after the da	ENATUDE.	
	SNATURE:	
0 days after the da	/s/ Joshua Mar	tinez, Manager or an authorized representative of a member.
0 days after the da	/s/ Joshua Mar Signature of a member (In accordance with sect	or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
0 days after the da	/s/ Joshua Mar Signature of a member (In accordance with sect of this document constit	or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury cin are true.)
days after the da	/s/ Joshua Mar Signature of a member (In accordance with sect of this document constit that the facts stated here Joshua Martin	or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury cin are true.)
0 days after the da	/s/ Joshua Mar Signature of a member (In accordance with sect of this document constit that the facts stated here Joshua Martin	or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury bin are true.)  The z