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(Re	questor's Name)	
(Add	dress)	,
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	





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SECRETARY OF STATE

D. BRUCE
NOV 2 4 2009
EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Dave's Mol	oile Marine Service LLC	
SUBJECT.		ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.	
Please return all corresp	oondence concerning this matt	er to the following:	
	C	Name of Person	
		Firm/Company	
	1282	2 Antigua Court	
	.,	Address	091
	City	y/State and Zip Code	09 NOV 23
For further information	E-mail address: (to be used for concerning this matter, please	or future annual report notification)	公 2 2 2 7 3 7
Cyn Name	thia Gallo of Person	at (609) 618-4027 Area Code & Daytime Telephone Number))
Enclosed is a check for	or the following amount:	·	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) S160.00 Filing Fee Certificate of State Certified Copy (additional copy is enclosed)	tus &
;	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 Compa	any is:	
Dave's Mobile M	Marine Service LLC	·
(Must end with the words "Limite	ed 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:	
Dave Gallo	Dave Gallo	
1282 Antigua Court	1282 Antigua Court	
Marco Island, FL 34145	Marco Island, FL 34145	,
1282	Name Antigua Court ss (P.O. Box NOT acceptable)	FILED 9 NOV 23 PH 12: COPETARY OF STA LAHASSEE, FLOR
Março Island, FL 3	34145 FI	00
	State, and Zip	-
Having been named as registered agent of liability company at the place designate registered agent and agree to act in this constatutes relating to the proper and compaccept the obligations of my position of Registered Agent's	ted in this certificate, I hereby accept apacity. I further agree to comply w lete performance of my duties, and I	t the appointment as vith the provisions of all I am familiar with and

(CONTINUED)

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:

Title:		Name and Address:	
"MGR" = Mana	•		
"MGRM" = Ma	anaging Member		
MGR		Cynthia Gallo	
		1282 Antigua Court	
		Marco Island, FL 34145	
	•		
(Use attachmen	t if necessary)		
	isted, the date must be date of filing.)	date of filing:e specific and cannot be more	
	Cynth	ia Yallo	
	Signature of a membe	r or an authorized representative	of a member.
•	(In accordance with sec	tion 608.408(3), Florida Statutes, th	e execution
	of this document const	itutes an affirmation under the penal	ties of perjary
	41441444-411	-i t \	17m, 5
	that the facts stated her	_ *	£0. 6
		_ *	9 NO
	<u>Cynthi</u>	a Gallo ped or printed name of signee	9 NOV 2
<u>Filing Fee</u>	<u>Cynthi</u>	a Gallo	FIL 9 MOV 23 CRETARY LAHASSEE
	<u>Cynthi</u> Tyl	a Gallo ped or printed name of signee	
\$125.00 Filing	Cynthi Ty es: g Fee for Articles of Organ	a Gallo ped or printed name of signee	
\$125.00 Filing of Re	Cynthi Ty es: g Fee for Articles of Organ egistered Agent	a Gallo ped or printed name of signee	
\$125.00 Filing of Re \$ 30.00 Certif	Cynthi Ty es: g Fee for Articles of Organ	a Gallo ped or printed name of signee nization and Designation	, o -