Page 1 of 2

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TO:

Division of Corporations

Fax Number ': (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

## Stonehaven Marine, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

T. HAMPTON

DEC 1 0 2009

EXAMINER

### COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	E(T: Sconehaven Marine, LLC
	Name of Limited Liability Company
The er	nclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Marcie W. Kunkelman, Paralegal
	Name of Person
	Kozloff Stoudt
	Firm/Company
	2640 Westview Drive, P.O. Box 6286
	Address
	Wyomissing, PA 19610
	City/State and Zip Code
	mkunkelman@kozloffstoudt.com
	E-mail address: (to be used for (umre samual report notification)
For fur	ther information concerning this matter, please call;
Ma	rcie W. Kunkelman, Paralegal at 610 670-2552
	. Name of Person Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
<b>_]</b> \$125.	.00 Filing Fee \$\ \text{S130.00 Filing Fee & }\ \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)}
	Majling Address  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street/Courlet 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 Con	npany is:
Stonehaven Marine, LLC	
(Must end with the words "Li	mited 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:
1251 Waterfront Place	1251 Waterfront Place
Suite 510	Suite 510

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:

C T Corp	oration System
N	aint
1200 South	Pine Island Road
Plorida street address	(P.O. Box <u>NOT</u> acceptable)
Plantation	FL 33324
City, Su	ate, 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.

By: JAMES M. NEWSOME

Registered Agent's Signature (REQUIRED) Special Assistant Sectionary

PA 15222

Pittsburgh

(CONTINUED)

SECRETARY OF STATE

Pittsburgh

PA 15222

### Page 1 of 2

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

"MGR" = Manager	•	
"MGRM" = Manag		
		•
MGRM	_	Charles A. Warden
		1251 Waterfront Place, Suite 510
		Pittsburge PA 15222
	•	
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(Use attachment if	- necessary)	
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of Rogistered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2