

L100000006173

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(Address)

(Address)

(City/State/Zip/Phone #)

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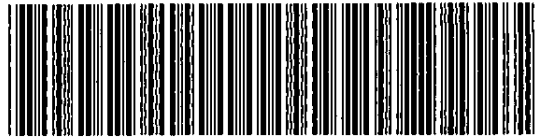
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**L. SELLERS**

**JAN 19 2010**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Konga Marine Logistics, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Wayne Konga**

Name of Person

Firm/Company

**P.O. Box 1665**

Address

**New Port Richey, FL 34656-1665**

City/State and Zip Code

**konga@verizon.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Wayne Konga**

Name of Person

at ( **727** )

**271.6873**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 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:

**Konga Marine Logistics, LLC.**

## ARTICLE II - Address:

The mailing address of the principal office of the Limited Liability Company is:

P.O. Box 1665, New Port Richey, FL 34656

Principal Office Address:

7042 Grand Boulevard, New Port Richey, FL 34652

## ARTICLE III - Purpose for which Limited Liability Company is organized is:

Any and all lawful business.

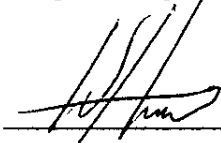
## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Name: Wayne Konga

Address: 7042 Grand Boulevard, New Port Richey, FL 34652

*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 Agents signature

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

The name and address of each Manager or Managing member is as follows:

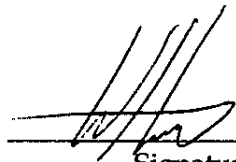
**Title:**

**Name and Address:**

MGR

Wayne Konga, 7042 Grand Boulevard, New Port Richey, FL 34652

**ARTICLE V:** Effective date is the date of filing.

  
\_\_\_\_\_  
Signature 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 the facts Stated herein are true.)

Wayne Konga

Printed name of signee

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