L10000067350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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JUN 24 2010

EXAMINER

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10 JUN 23 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MARINE SALVAGE & RECOVERY, L.L.C.
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:

ALEXANDER A. DARDAS II
Name of Person

MARINE SALVAGE & RECOVERY, L.L.C.
Firm/Company

2307 SAND BAY DRIVE
Address

HOLIDAY, FLORIDA 34691
City/State and Zip Code

adardas@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDER A. DARDAS II at (727) 935-4238
Name of Person — 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:

MARINE SALVAGE & RECOVERY, L.L.C.
(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:**
2307 SAND BAY DRIVE, HOLIDAY, FL 34691	2307 SAND BAY DRIVE, HOLIDAY, FL 34691

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:

ALEXANDER A. DARDAS II
Name

2307 SAND BAY DRIVE
Florida street address (P.O. Box **NOT** acceptable)

HOLIDAY FL 34691
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Alexander A. Dardas II
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGR	ALEXANDER A. DARDAS II 2307 SAND BAY DRIVE HOLIDAY, FLORIDA 34691
MGR	KENNETH NICHOLS 4805 SUNNYBROOK NEW PORT RICHEY, FLORIDA 34653
MGRM	PATRICIA J. TAUNT 2307 SAND BAY DRIVE HOLIDAY, FLORIDA 34691
MGRM	MARY ANN NICHOLS 4805 SUNNYBROOK NEW PORT RICHEY, FLORIDA 34691

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 21 JUNE 2010 . (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:

Alexander A. Dardas II
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.)

ALEXANDER A. DARDAS II
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)

BUSINESS TAX NOTICE • PASCO COUNTY FLORIDA

2009-2010 LICENSE YEAR

ACCOUNT 084001
SIC CODE 7389-40

PAYABLE TO: MIKE OLSON, TAX COLLECTOR / P.O. BOX 276, DADE CITY FL 33526-0276

MARINE SALVAGE & RECOVERY, LLC
2307 SAND BAY DR
HOLIDAY FL 34691-9309

SIGN HERE →

I CERTIFY THAT ALL INFORMATION PROVIDED IN THE ABOVE APPLICATION FOR THIS BUSINESS TAX RECEIPT IS TRUE AND CORRECT.

Alexander A. Warden II 17 Jun 2010
AUTHORIZED SIGNATURE DATE

PAID 33.75 06/17/10
TEMPORARY RECEIPT
MIKE OLSON, TAX COLLECTOR

TEMP-RCPT NWL6 06/17/10 SIH

BY A. Hooten 6/17/10
DATE