

(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:					

Office Use Only

G. MCLEOD

OCT 26 2010

EXAMINER



100186849271

10/25/10--01015--031 **160.00

FILED

10 OCT 25 PM 2: 41

SEURETARY OF STATE
TALLAHASSEF, FLORIDA

COVER LETTER

	on Section of Corporations		
SUBJECT:	Uhite's Marine ?	Service, LLC ed Liability Company	
The enclosed Articl	les of Organization and fee(s) are	submitted for filing.	
Please return all cor	rrespondence concerning this matt	er to the following:	
	Joseph P. n	Uhite, JR.	
-	White's Mar	ine Service, LL Firm/Company	<u> </u>
	4541 SW 2	7th Teresce	
		Address	
	fort bruder	State and Zip Code O acl. Com or future annual report notification)	2
_	City	//State and Zip Code	
	Nmail address: (to be used to	or future annual report notification)	
	tion concerning this matter, please		
Joseph L	uhite	at (954) 873-5 Area Code & Daytime Teleph	300
	ame (ii) etson	Area Code & Daytime Telepr	ione Number
Enclosed is a chec	k for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	(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 Cir Tallahassee, FL 32301	cle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Miste's Marke Service, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

4541 SW2	7th Teresce idsle, Fr. 33312	4541 SW 27 Foxt Landerds	H TERRA 4, FZ 33312	ce	
(The Limited Liability Co business entity with an a	Fort Londredole	registered agent are:	individual or anot SECRETARY OF ST	re: 10 OCT 25 PM 2: 41	

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 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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MERM (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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:**

(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. It am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Signature of a member or an authorized representative of a member.

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)