

**L10000248797449**

Florida Department of State  
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.**

(((H10000248797 3)))



H100002487973ABC5

**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 : LAZARUS CORPORATE FILING SERVICE INC  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
MARINE ADVANCE PRODUCT INNOVATION, LLC**

Certificate of Status 0  
Certified Copy 1  
Page Count 03  
Estimated Charge \$155.00

RECEIVED  
10 NOV 16 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**  
NOV 17 2010  
**EXAMINER**

Electronic Filing Menu Corporate Filing Menu

Help

H10000248797

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MARINE ADVANCE PRODUCT INNOVATION, LLC

(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:329 SW 9 AVEMIAMI FL 33130Mailing Address:329 SW 9 AVEMIAMI FL 33130

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

CHAMA TUERO

Name

329 SW 9 AVE # 2Florida street address (P.O. Box NOT acceptable)MIAMIFL33130

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 NOV 16 PM 4:44

FILED

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.

Chama Tuero

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H10000248797

H10000248797

**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:**MGRCHAMA TUERO  
329 SW 9 AVE  
MIAMI FL 33130MGRMMARIA Serrano  
329 SW 9 AVE  
MIAMI FL 33130

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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:**Chama Tuero

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. I 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.)

Chama Tuero

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)

H10000248797

FILED  
10 NOV 16 PM 4:44  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA