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EXAMINER

## **COVER LETTER**

TO:

Registration Section

Division of Corporations
SUBJECT: CUSTOM MARINE SERVICE 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:
James R. Williams Jr. Name of Person
Name of Person
CUSTEM MARTNE SERVICE LLC Firm/Company
Firm/Company
310 W Beach De
310 W. Beach Dr. Address
Pavama City, FL 32401 FS B City/State and Zip Code
City/State and Zip Code
City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)
ئىمەڭ بىي ئىرىن
For further information concerning this matter, please call:
Name of Person at (850) 527 - 4106 The State of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$ 130.00 Filing Fee & \text{Certified Copy} &
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CUSTOM MARINE SERVICE LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

## ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 310 W. Reach Dr. Padma City, FL 32401 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 of another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Tanks R. Williams Jr. Name Hole Rowe Dr. Florida street address (P.O. Box NOT acceptable) Page City, State, 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..

Registered Agent's Signature (REOUIRED)

(CONTINUED)

The name and address of each Manager	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MLAR	James R Williams Jr. HOU Rowe Dr. Powana City, FL 32401
MEMR	James R Williams Sr.  407 S Palo Altopue Parana City, FL 32401
MGMR	KATHRYN A WILLIAMS 407 S. PALO ALTO AUZ PINAMA CITY, FL 32401
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the da	ate of filing: <u>January 1, 2011</u> . (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	SECRETARY ALLAHASSE
Signature of a member of	or an authorized representative of a member.
constitutes an affirmation under the	08(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. It is submitted in a document to the Department of State is provided for in s.817.155, F.S.)
JR W	2; //; am 5 d 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)