211000001667

(Requestor's Name)
(Address)
(A.T.)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filling Officer

A. LUNT

JAN - 5 2010

EXAMINER

Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: EZ thrustmarine, Com 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:
William J. Ripley Name of Person
EZ thrustmarine. com LLC Firm/Company
3928 E. Ridgewood Dr Address
City/State and Zip Code
William Ripley 3 @ Yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William 3. Riple at (32) 271 · 2211 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times Certificate of Status & 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:
EZ Trust maire, com 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: Mailing Address:
3928 E.R. dgewood Ur Cocoa Fla 32926
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 orientation.) The name and the Florida street address of the registered agent are: William J. Ripley Name Name
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

Registered Agent's Signature (REQUIRED)

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.

(CONTINUED)

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

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

MGB	Willia Ripley 3928 E. Ridgewood Ur Ca
	20 <i>1</i>
	ZOII JAN - L
	PA C
(Use attachment if necessary)	

REQUIRED SIGNATURE:

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.)

Will: am J. Aipley
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)