

L11000043764

4/12/2011

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : HUBCO  
Account Number : 104662003400  
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Email Address: Richard@mea3000.com

RECEIVED

11 APR 12 PM 4:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
Roselyon Marine Services LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR 12 AM 7:57

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B. BOSTICK

APR 13 2011

EXAMINER  
1/2

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Roselyon Marine Services LLC**

ARTICLE II - Address

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

Principal Office Address:

945 NW 201 Avenue

Pembroke Pines, FL 33029

Mailing Address:

945 NW 201 Avenue

Pembroke Pines, FL 33029

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

**Richard Fuller**

Name

**945 NW 201 Avenue**

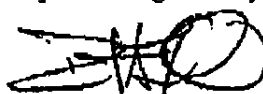
(P.O. Box or Mail Drop Box NOT Acceptable)

**Pembroke Pines, FL 33029**

(City / State / 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, FS.*



**Registered Agent's Signature - Richard Fuller**

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

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

**Title:**

"MOR" = Manager

"MGRM" = Managing Member

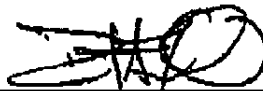
**Name and Address:**

**MGRM**

**Richard Fuller - 945 NW 201 Avenue, Pembroke Pines, FL 33029**

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



**Signature of a member or 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. )

**Richard Fuller**

**Typed or printed name of signee**

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