

L11000114122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

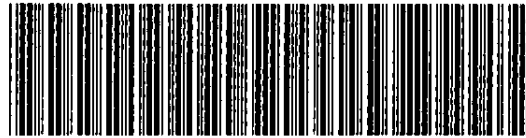
Special Instructions to Filing Officer:

A. LUNT

OCT - 5 2011

EXAMINER

Office Use Only



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10/03/11--01034--013 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT - 3 PM 3:14

FILED

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SMITHLINE MARINE AGENCIES, 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:

CRAIG SMITHLINE

Name of Person

SMITHLINE MARINE AGENCIES, LLC

Firm/Company

8297 CHAMPIONS GATE BLVD.

Address

CHAMPIONS GATE, FLORIDA 33896

City/State and Zip Code

OPS@SMITHLINEMARINE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRAIG SMITHLINE

Name of Person

at (305) 724-2536

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$150.00 Filing Fee &
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:

SMITHLINE MARINE AGENCIES, 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:

8297 CHAMPIONS GATE BLVD

CHAMPIONS GATE, FLORIDA 33896

Mailing Address:

8297 CHAMPIONS GATE BLVD.

CHAMPIONS GATE, FLORIDA 33896

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 or another business entity with an active Florida registration.)

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

ELIZABETH DANSEBRAU

Name

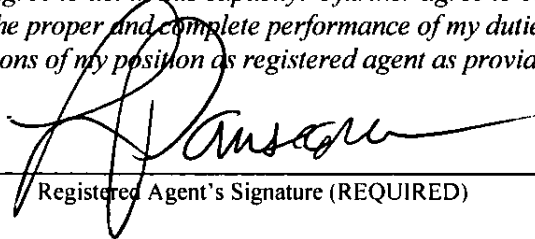
426 WILD FORREST DR.

Florida street address (P.O. Box **NOT** acceptable)

DAVENPORT FL 33837

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 (REQUIRED)

(CONTINUED)

FILED
OCT -3 PM 3:14
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

MGR

CRAIG SMITHLINE

CHAMPIONS GATE, FLORIDA 33896

MGRM

LAUREN SMITHLINE

145 NORTH AVENUE APT 308

ATHENS, GEORGIA 30601

MGRM

JAKE SMITHLINE

1637B MARKET LOOP

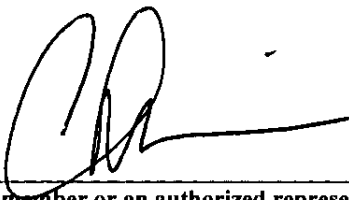
CLOVIS, NEW MEXICO 88101

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: OCT 1ST 2011. (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:



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.)

CRAIG SMITHLINE

Typed or printed name of signer

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)