L11000134055

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO: Registration Section Division of Corporations	••
SUBJECT: Ocean Rigging, LLC	
Name of Limite	d Liability Company
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matter	r to the following:
Patrick D. Shields	Name of Person
Patrick D. Shields, CPA, ar	nd Associates, LLC
8695 College Parkway, Suit	e 1124 Address
E . M. El 00040	••••
Fort Myers, FL 33919	/State and Zip Code
i i i i i i i i i i i i i i i i i i i	ocean-rigging. Com r future annual report notification)
For further information concerning this matter, please	call:
Pat Shields	at (239) 344-9948
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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



November 2, 2011

PATRICK SHIELDS, CPA AND ASSOCIATES, LLC 8695 COLLEGE PARKWAY, SUITE 1124 FORT MYERS, FL 33919

SUBJECT: OCEAN RIGGING, LLC Ref. Number: W11000055930

We have received your document for OCEAN RIGGING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 311A00024906

COVER LETTER

Division of Corporations
SUBJECT: Ocean Rigging, 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:
Patrick D. Shields
Name of Person
Patrick D. Shields, CPA, and Associates, LLC
Firm/Company
8695 College Parkway, Suite 1124
Address
Fort Myers, FL 33919
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-man accuress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pat Shields at (239) 344-9948
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
[7]\$125.00 Filing Fee
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Ocean Rigging, 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 prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4591 Dor Lee Lane North Fort Myers, FL 33917	PO. Box 3357 North Fort Myers, FL 33918
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another
The name and the Florida street address of the reg	gistered agent are:
Patrick D. Shields	LEAR N
Name	AR NO E
8695 College Parkw	yay, Suite 1124 SEE 28 E
Florida street addre	ess (P.O. Box NOT acceptable)

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Fort Myers

(CONTINUED)

Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
0 0	Objective Manual
MGRM	Christian Marek P.O. Box 3357
	North Fort Myers, FL 33918
	North Fortingers, FE 339 to
	_
	
(Use attachment if necessary)	
(Coo anacimient it necessary)	
LE V: Effective date, if other than th	ne date of filing: Jan. 1, 2012 (OPTIONAL
ffective date is listed, the date must	be specific and cannot be more than five siness days
days after the date of filing.)	LAREN NOV
	· · · · · · · · · · · · · · · · · · ·
	T>
	ASS
REQUIRED SIGNATURE:	ARY O
REQUIRED SIGNATURE:	28 PM ARY OF S ASSEE, FL
REQUIRED SIGNATURE:	28 PH 3: ARY OF STA ASSEE, FLOOR
	28 PM 3: 37 ARY OF STATE ASSEE, FLORID
	28 PH 3: ARY OF STA ASSEE, FLOG
Signature of a member (In accordance with section 60	ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document
Signature of a member of a mem	Der or an authorized representative of a member.

Patrick D. Shields

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)