## 112000031118

(Red	questor's Name)	
(Add	lress)	
. (Ada	lress)	
(Auc	iicəə)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	mė)
(500)	mood Emily Har	110)
(Doc	cument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



100223114181

03/02/12--01009--024 \*\*125.00

COLCHAN ENTER STATE

HAR -2 PH I: 09

T. CLINE
MAR - 5 2012
EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SURII	ECT: PATRICK GODSELL LLC		
30031	Name of Limited Liability Company		
The en	closed Articles of Organization and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	PATRICK GODGELL		
	PATRICK GODSELL Name of Person		
	Firm/Company		
	19532 NAVATO ST Address		
		75 63	<u></u>
	SUMMERLAND KEY, FL 33042  City/State and Zip Code		2012 MAR -2
	City/State and Zip Code	3.M	曼
	PATRICK & ALL KEYS MARINE. COM E-mail address: (to be used for future annual report notification)	<u> </u>	7
		:n <u>e</u>	
For fur	ther information concerning this matter, please call:		TH I: Ca
PA	TRICK GODSELL at ( 305 ) 597 - 1188  Name of Person Area Code & Daytime Telephone Number	<u> </u>	(C)
Enclos	sed is a check for the following amount:		
,	Filing Fee \$\int \\$130.00 \text{ Filing Fee & }\int \\$155.00 \text{ Filing Fee & }\int \\$160.00 \text{ Filing Fee & }\text{ Filing Fee & } Filing Fee	of Status opy	&
	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:	
PATRICK GODSELL L (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:
19532 NAVAJO ST. SUMMERLAND KEY, FL 33042	19532 NAVAJO ST. SUMMERLAND KEY, FL 33042
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registern business entity with an active Florida registration.)  The name and the Florida street address of the reg	ed Agent. You must designate an individual or another
_	
PATRICK GODS	
19532 NAVATO S	T. ŞĀ 👼
	ess (P.O. Box <u>NOT</u> acceptable)
SUMMERLAND REY City, State	FL 33042 c. and Zip
liability company at the place designated in this registered agent and agree to act in this capacity, statutes relating to the proper and complete perfe	cept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and exed agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member			
MGRM_	PATRICK GODSELL 19532 NAVAJO ST.		
	SUMMERLAND KEY, FL 33042		
		•	
		2012 HAR	
	77 mm		~ - /
			1:4-1
	MQ.		
	-υ.		, - P
	ラン 	 ©D	••
(Use attachment if necessary)	مائر	<b>©</b> 3	
(Ose attachment if necessary)			
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s	ate of filing: $3   3   13 $ . (OPTIO specific and cannot be more than five business	,	rior
to or 90 days after the date of filing.)			
REQUIRED SIGNATURE:			
Signature of a member of	or an authorized representative of a member.		
(In accordance with section 608.40 constitutes an affirmation under the	08(3), Florida Statutes, the execution of this document ne penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State		

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)

PATRICK GODSELL

Typed or printed name of signee