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EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Custom Marine Construction 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: Robert D. Ferring Name of Person **Custom Marine Construction** Firm/Company 16200 south post rd apt 201 Address Weston Florida 33331 City/State and Zip Code fuzzballs10@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert D, Ferring Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$155.00 Filing Fee & \$130.00 Filing Fee & \$125.00 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed Street/Courier Address **Mailing Address** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	:	
Custom Marine Construction LLC. (Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited	Liability Company is
Principal Office Address:	Mailing Address:	
16200 south post rd apt 201 Weston Florida 33331	16200 south post rd apt : Weston Florida 33331	201
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an inc	
Robert D. Ferring Name	· · · · · · · · · · · · · · · · · · ·	
16200 south post rd apt 2	dress (P.O. Box <u>NOT</u> acceptable)	
Weston Florida 33331	FL	
City, S	tate, and Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacid statutes relating to the proper and complete po accept the obligations of my position as regi	this certificate, I hereby accept ty. I further agree to comply w erformance of my duties, and I	the appointment as ith the provisions of al am familiar with and
Registered Agent's Signa	ture (REQUIRED)	2012 MA SECRE
(CONTIN	NUED)	R 12 M ASSEE T
Page 1 of	2	53 8 (

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 Momba	
"MGRM" = Managing Member	
~. .^	
(Lise attachment if necessary)	
fective date is listed, the date mu	the date of filing: (OPTION) st be specific and cannot be more than five business da
LE V: Effective date, if other than	the date of filing: (OPTION st be specific and cannot be more than five business da
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