#/ 12000064616

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| , |
| |

Office Use Only

FF \$125



600233041856

RECEIVED APR 3 0 2012

05/01/12--01004--008 **78.75

\$46.25

05/10/12--01029--007

***15.65

PILED 12 MAY 7 PM 12: 30 SECRETARY OF STATE

> K. SALY EXAMINER MAY 1 4 2012

Samuel Posner 2221 NE 164th Street #325 N. Miami Beach FL. 33160 Phone 954-298-4890

Mr. Thomas Chang Registration Section Division of Corporations POB 6327 Tallahassee, Fl. 32314

Dear Mr. Chang

With this letter I am submitting the form to register. General Marine Products and Services as a LLC corp. as you suggested please discard the form sent prior for a Corp. and apply the previous funds along with the additional check of \$46.25 of which I have enclosed. Thank you for your help sincerely Samuel Posner

RECEIVED MAY 7 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: General Marine Products and Services, LLC.

Name of Limited Liability Company

| Samuel Posner | |
|---|---|
| | Name of Person |
| General Marine P | roducts and Services, LLC. |
| | Firm/Company |
| | |
| 2221 NE 164th St | treet #325 |
| | Address |
| | |
| North Miami Beach, Fl. | 33160 |
| | City/State and Zip Code |
| posnersam@gmail.com | 1 |
| E-mail address: (| to be used for future annual report notification) |
| or further information concerning this ma | itter nlease call |
| or results information concerning this ma | noi, prouse cuii. |
| | |
| | at () |
| Name of Person | Area Code & Daytime Telephone Number |

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Certificate of Status

Street/Courier Address

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status & Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

General Marine Products and Services, 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: | Mailing Address: |
|--|--|
| 2221 NE 164th Street #325 | Same |
| NORTH ANIGHM BEACH, FC 33160 | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re | ered Agent. You must designate an individual or another egistered agent are: |
| Sam Posner | ZA SEGRETARIA |
| Name | |
| 3762 NE 167th | Street Street |
| Florida street addr | ress (P.O. Box NOT acceptable) |
| North Miami Beach | F. 33160 문의 현 |
| City, Stat | te, and Zip |
| | ccept service of process for the above stated limited |

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)

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: "MGR" = Manager | Name and Address: |
|--|--|
| "MGRM" = Managing Member | |
| MGRM | Samuel Posner |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) | ne date of filing: (OPTIONAL) be specific and cannot be more than five business days pri |
| REQUIRED SIGNATURE: | |

Signature of a member of 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.)

Samuel Posner

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)