

07/17/2030 23:09

1517 P 001/00

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000219057 3)))



H120002190573ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 1200000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
COMPLETE MARINE SERVICE OF SOUTH FLORIDA LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED
12 SEP - 5 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SEP - 6 2012

XAMINER

07/17/2030 23:10

#4517 P.003/005

September 05 2012

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of COMPLETE MARINE SERVICE OF SOUTH
of Doc # L11000099701 are the same owners of the attached FLORIDA, LLC
articles of incorporation. We have dissolved the company and have no intention
of reopening it. Thank you for your help in this matter.

Very sincerely,

PEDRO LAZO

H12000219057

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

COMPLETE MARINE SERVICE OF SOUTH FLORIDA LLC

(Must end with the words "Limited Liability Company, "LLC," 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:**

10786 SW 188 STREET

MIAMI FL. 33187

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:

PEDRO LAZO

Name

10786 SWQ 188 STREET

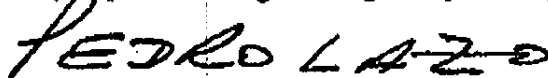
Florida street address (P.O. Box NOT acceptable)

MIAMI

FL 3.3157

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)

Page 1 of 2

H12000219057

FILED
 12 SEP -5 AM 10:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

H12000219057

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 _____

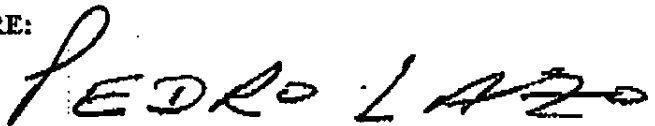
PEDRO LAZO

10786 SW 188 STREET

MIAMI FL 33157

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: AUGUST 31, 2012 (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.817.153, F.S.)

PEDRO LAZO

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)

H12000219057