

L12000133330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

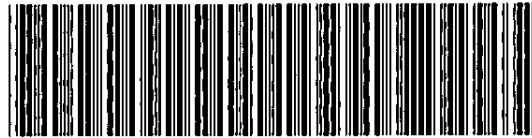
(Business Entity Name)

(Document Number)

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10/18/12--01012--009 **125.00

EFFECTIVE DATE 10-17-12

RECEIVED
DEPARTMENT OF STATE
12 OCT 18 AM 11:13
FILED
12 OCT 18 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 19 2012

EXAMINER

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14)

CONTACT: KATIE WONSCH

DATE: 10/18/2012

REF. #: 001133.174414

CORP. NAME: CALM SEAS PRODUCTION, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 101580 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
CALM SEAS PRODUCTION, LLC**

ARTICLE I - NAME

The name of Company shall be: **CALM SEAS PRODUCTION, LLC**

ARTICLE II- PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The initial principal office and mailing address of the Company shall be:

90800 US 1
Tavernier, FL 33070

**ARTICLE III - INITIAL REGISTERED AGENT AND INITIAL REGISTERED
OFFICE**

The Company's initial registered agent and registered office in the State of
Florida shall be:

David Wiles
90800 US 1
Tavernier, FL 33070

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT 18 AM 10:01

FILED

ARTICLE IV - EXECUTION OF ARTICLES OF ORGANIZATION


The name and post office address of the person duly authorized to execute these Articles
of Organization is as follows:

David Wiles
90800 US 1
Tavernier, FL 33070

ARTICLE V - EFFECTIVE DATE

The effective date of these Articles of Organization shall be October 17, 2012.

The undersigned, for the purpose of forming a limited liability company to do business within the State of Florida, does make and file these Articles of Organization, hereby declaring and certifying that he is the authorized representative of Company and certifying that the facts stated above are true.



David Wiles

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE FOREGOING LIMITED LIABILITY CORPORATION, AT THE PLACE DESIGNATED IN THESE ARTICLES OF ORGANIZATION THE UNDERSIGNED HEREBY AGREES TO ACT IN THIS CAPACITY AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF HIS DUTIES.

DATED THIS 17 DAY OF OCTOBER, 2012.



David Wiles

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12 OCT 18 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA