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TALLAHASSEE FLORIDA

COVER LETTER

Name of Limited Liability Company

TO:

Registration Section
Division of Corporations

SUBJECT: Price Marine Services, LLC

EFFECTIVE DATE

1/21/2013

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Price

Name of Person

Price Marine Services, LLC

Firm/Company

9418 SE Sharon Street

Address

Hobe Sound, Florida 33455-6833

City/State and Zip Code

tprice45@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Price

...772

285 0433

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

EFFECTIVE DATE_

RTICLE I - Name:		
The name of the Limited Liability Cor	npany is:	
Price Marine Services, LLC	100 m	
	imited Liability Company, "L.L.C.," or "LLC.")	
ADTICLE II. Address.	چې چې چې چې د د د د د د د د د د د د د د	
ARTICLE II - Address:		
The mailing address and street address	s of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
Principal Office Address: 9418 SE Sharon Street	Mailing Address: 9418 SE Sharon Street	
	9418 SE Sharon Street	
9418 SE Sharon Street Hobe Sound, Florida 33455-6833	9418 SE Sharon Street Hobe Sound, Florida 33455-6833	
9418 SE Sharon Street Hobe Sound, Florida 33455-6833 ARTICLE III - Registered Agent, R	9418 SE Sharon Street	

Thomas Price
Name
9418 SE Sharon Street
Florida street address (P.O. Box NOT acceptable
Hobe Sound, Florida 33455 ₇ 6833
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 deregistered 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:

MGR	Thomas Price
	9418 SE Sharon Street
	Hobe Sound, Florida 33455-6833
<u> </u>	
Use attachment if necessary)	
Ose attachment if necessary)	

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.817.155, F.S.)

> Thomas Price 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)