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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 12 ZOT3 J. BRYAN SUBJECT:

COVER LETTER

TO: Registration Section
Division of Corporations

TYLER'S CUSTOM MARINE SERVICES Limited Liability Company

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:

Michael E. Tyler

Name of Person

TYLER'S CUSTOM MARINE SERVICES LLC

Firm/Company

7105 Pensacola Rd.

Address

Ft. Pierce, Fl, 34951

City/State and Zip Code

metyler86@hotmail.com

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

For further information concerning this matter, please call:

Michael Tyler

_252

2418199

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
TYLER'S CUSTOM MARINE SERVICES LLC (Must end with the words "Limited Liabil	ity Company "LLC " or "LLC")
ARTICLE II - Address:	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7105 Pensacola Rd. Ft. Pierce Fl, 34951	7105 Pensacola Rd. Ft. Pierce Fl, 34951
business entity with an active Florida registration.) The name and the Florida street address of the r Michael E. Tyler Name	AHASS
7105 Pensacola Rd,	iress (P.O. Box NOT acceptable)
	dress (P.O. Box NOT acceptable)
	Pierce, FL, 34951
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacall statutes relating to the proper and complet and accept the obligations of my position as registered.	accept service of process for the above stated limited this certificate, I hereby accept the appointment as sity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

(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:

"MGRM" = Managing Member			
MGRM	Michael Tyler		
	7105 Pensacola Rd.		
	Ft. Pierce FL, 34951		
		TALLAHI	
		HE S	
		E G	
(Use attachment if necessary)		OF STATE	
LE V: Effective date, if other than the d	-	(OPTIONAL	
ffective date is listed, the date must I or 90 days after the date of filing.)	be specific and cannot be mo	re than five business	

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.)

MICHAEL E. THEX.

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)