

L13000090650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

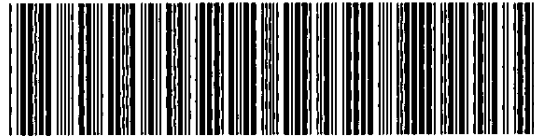
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUN 21 PM 3:19

JUN 24 2013

T. HAMPTON

**GPC**

**Guest • Peavy • Guest**

Certified Public Accountants, P.A.

50 Kindred Street, Suite 303, Stuart, FL 34994

T: (772) 286-9005 1(800) 314-1019 F: (772) 286-5030

May 20, 2013

Secretary of State  
Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32319

RE: Articles of Organization and Registered Agent Designation  
**FULL AHEAD MARINE ENGINEERS, LLC**

Dear Sir/Madam:

In reference to the party mentioned above, please find enclosed the original and one copy of the Articles of Organization to be filed with the Secretary of State, State of Florida. Also enclosed is my check in the amount of \$155.00, which represents \$125.00 for the filing fee and \$30.00 for the Certified Copy. Please return the certified copy of the Articles of Organization and designation of Registered Agent.

If you have any questions, please feel free to contact me.

Sincerely,



Jeffrey G. Peavy, CPA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
13 JUN 21 AM 6:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 6, 2013

JEFFREY G PEACY, CPA  
50 KINDRED ST  
STE 303  
STUART, FL 34994

SUBJECT: FULL AHEAD MARINE ENGINEERS, LLC  
Ref. Number: W13000032971

We have received your document for FULL AHEAD MARINE ENGINEERS, LLC and check(s) totaling \$155.00. However, your check(s) and document are being returned for the following:

Atricle of Organization was not enclosed.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 013A00014237

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

FULL AHEAD MARINE ENGINEERS, 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:

50 KINDRED STREET, SUITE 303

STUART, FL 34994

#### Mailing Address:

50 KINDRED STREET, SUITE 303

STUART, FL 34994

### 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:

JEFFREY G. PEAVY

Name

50 KINDRED STREET, SUITE 303

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

STUART, FL 34994

FL

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)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUN 21 PM 3:19

**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:**

MGRM

KEITH R. OLSEN

10440 SW STEPHANIE WAY, APT. 106

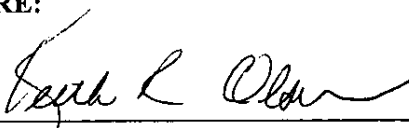
PORT ST LUCIE, FL 34987

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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.817.155, F.S.)

Keith R. Olsen

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)