

Division of Corporations

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# L13000117054

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.  
Account Number : 073222003555  
Phone : (561) 686-3307  
Fax Number : (561) 471-0894

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

Email Address: bmam@nasonyeager.com

**FLORIDA LIMITED LIABILITY CO.**

**Certified Marine Lifts & Services, LLC**

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

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EXAMINER  
AUG 20 2013  
Help

**ARTICLES OF ORGANIZATION  
OF  
CERTIFIED MARINE LIFTS & SERVICES, LLC**

I, the undersigned authorized representative of the Member, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE I  
NAME**

The name of this Limited Liability Company is:

CERTIFIED MARINE LIFTS & SERVICES, LLC

**ARTICLE II  
ADDRESS**

The street address and mailing address of the principal office is:

750 East Sagamore Ave.  
Clewiston, Florida 33440

**ARTICLE III  
DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

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OFFICE  
TALLAHASSEE, FLORIDA

**ARTICLE IV**  
**MANAGEMENT**

The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its Member and is, therefore, a member-managed company.

The name and address of the managing member is:

Title: Managing Member  
Certified Rigging & Supply, LLC  
750 East Sagamore Ave.  
Clewiston, Florida 33440

**ARTICLE V**  
**ADMISSION OF ADDITIONAL MEMBERS**

The Members shall have the right to admit additional members.

IN WITNESS WHEREOF, the undersigned authorized representative of the Member has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this 19<sup>th</sup> day of August, 2013.



Nathan E. Nason, Authorized Representative of the Member

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN  
THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

CERTIFIED MARINE LIFTS & SERVICES, LLC

2. The name and the Florida street address of the registered agent and office are:

Nathan E. Nason  
1645 Palm Beach Lakes Blvd.  
Suite 1200  
West Palm Beach, Florida 33401

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SECTION OF STATE  
PALM BEACH, FLORIDA

*Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.*

  
Nathan E. Nason, Registered Agent