L13000156110

(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
. (Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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50U252730745 10/23/13-01024-025 **160.00

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ZÓIBNOV -5 PHIZ: 15

SECRETARY OF STATE
AND AND ASSET FLORIDA

OC572-519

NOV - 6 2013 T. INAKETON (850) 245-6051.

COVER LETTER

TO:

Registration Section **Division of Corporations**

Greg's Mobile Marine, LLC

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:

Gregory Allen Smith

Name of Person

Greg's Mobile Marine, LLC

2299 Primrose Lane, Apt 1405

Clearwater, Florida 33763

City/State and Zip Code

mrgreg1@live.com

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

For further information concerning this matter, please call:

Greg Smith

727 742-8017

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

Gregory A. Smith 2299 Primrose Ln Apt 1405 Clearwater FL 33763 November 4, 2013

Florida Department of State Division of Corporations PO Box 6327 Tallahassee FL 32314

Subject: Greg's Mobile Marine, LLC Ref Number W13000059226

We are in receipt of your letter dated October 24, 2013, returning the document due to the filing/effective date entered.

It is our intent to incorporate this LLC in 2013.

We have made the correction and have attached the following per your instructions:

- Corrected original
- Copy of original
- Copy of your letter

Please process this at your earliest convenience.

Sincerely,

Gregory A. Smith 727-742-8017

Encl.



RECEIVED

13 NOV -5 PM 3:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 24, 2013

GREGORY ALLEN SMITH 2299 PRIMROS LN APT 1405 CLEARWATER, FL 33763

SUBJECT: GREG'S MOBILE MARINE, LLC

Ref. Number: W13000059226

We have received your document for GREG'S MOBILE MARINE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 24, 2013. Please amend your document accordingly.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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 III Registration/Qualification Section

Letter Number: 513A00024848

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE L. N		
ARTICLE I - Name: The name of the Limited Liability Compar	ny is:	
Greg's Mobile Marine, LLC		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of t	the principal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
2299 Primrose Lane, Apt 1405	2299 Primrose Lane, Apt 1405	i
Clearwater, Florida 33763	Clearwater, Florida 33763	1
	Inc. Name	
2605 W Prospect Road	and address (D.O. Day NOT accounts ble	A
	eet address (P.O. Box NOT acceptable	<i>;</i> }
Tampa, FL 33629	FL	
C	ity, State, and Zip	
	ed in this certificate, I hereby accepacity. I further agree to compount to performance of my duties, as registered agent as provided provided (REQUIRED)	ept the appointment as oly with the provisions of , and I am familiar with for in Chapter 608, F.S TALLAHR
(CON	NTINUED)	ARY C

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" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Gregory Allen Smith	
	2299 Primrose Lane, Apt 1405	
	Clearwater, FL 33763	
<u> </u>		
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(Use attachment if necessary)		
(Use attachment if necessary) LE V: Effective date, if other than the of field of the date must be days after the date of filing.)	ne date of filing: st be specific and cannot be more	(OPTIO
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more	than five busi
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LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member o	er or an authorized representative of a notation submitted in a document to the Depay as provided for in s.817.155, F.S.)	nember. This document ed herein are true.
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member o	er or an authorized representative of a more of the penalties of perjury that the facts state mation submitted in a document to the Depresentation of the penalties of perjury that the facts state mation submitted in a document to the Depresentation sub	nember. This documented herein are true. artment of State
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Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

NOV -5 PHIZ: I