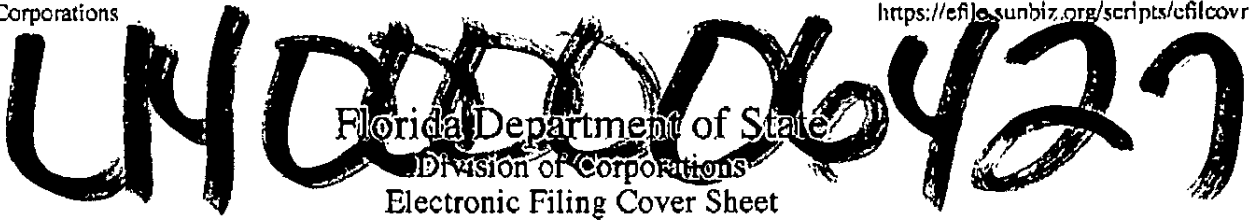


Division of Corporations

<https://efile.sunbiz.org/scripts/cfilcovr.exe>

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H16000168678 3)))



H160001686783ABCA

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

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

Email Address: \_\_\_\_\_

16 JUL 14 PM 1:21

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MARITIME LOGISTICS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

JUL 15 2016

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help



**If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	TSOKOPOULOS, EMILIO	54-75 NE ST JAMES DR - # 148	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34983	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304  
16 JUL 19 PM 1:21

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE  
16 JUL 14 PM 1:21

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 5/18/2016

5/18/2016



Signature of a member or author

JEAN ROUZIER, Manager

Typed or printed name of signee

850-617-6381

7/14/2016 10:17:09 AM PAGE 1/001 Fax Server



July 14, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MARITIME LOGISTICS, LLC  
54-75 NE ST JAMES DR  
# 148  
PORT ST LUCIE, FL 34983US

SUBJECT: MARITIME LOGISTICS, LLC  
REF: L14000006427

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUL 14 PM 1:21

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return 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.

Stacey M Warren  
Regulatory Specialist II

FAX Aud. #: H16000168678  
Letter Number: 416A00014711

2016 JUL 14 AM 11:44  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA