## 114000018339

(Requ	uestor's Name)	<u> </u>
(Addı	ress)	
(Addı	ress)	
(City/	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doci	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
	FEB - 3 201	
	A. LUNT	`

Office Use Only



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## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJE	:cт: <u>В</u> 54		LC ed Liability Company	Name
The en	closed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
	Thom	AS ROBERT	VANDIVER Name of Person	
	B5H	MARINE L	LC' Firm/Company	72. 23
	301	EDGEWATER	DR	LECHETARY
		CACCLA EL	Address	27 R
	PUND	City	y/State and Zip Code	TOTAL STATE
	Tan	VANDIVER (BS) E-mail address: (to be used f	HMARINE, COM or future annual report notification)	Dri 🚂
For fur	ther information	concerning this matter, please	call:	
	DN VAI	DIVER of Person	at ( <u>850</u> ) <u>572-13</u> Area Code & Daytime Telep	22 <sup>r</sup> 5 hone Number
Enclos	sed is a check for	or the following amount:		
□\$125	00 Filing Fee	S130.00 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 Ci Tallahassee, FL 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is	S:
BSH MARINE LU (Must end with the words "Limited Liab	C bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
301 EDGEWATER DR. PENSACOLA, FL. 32507	301 EDGEWATER DR., PENSACOLA, FL. 32507
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)  The name and the Florida street address of the	registered agent are:
300 EDGEWA	TER DR SON NOT acceptable)
PENSACOLA city, S	FL 3'2507 State, and Zip
	o accept service of process for the above stated limited a this certificate, I hereby accept the appointment as

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)

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	THOMAS VANDIVER  301 EDGEWATER DR  PENSACOLA, FL. 30507
MGRM	JOHNNY WALKER  (021 RUE MAX  PENSACOLA, FL. 38507
	MILLAHASSEE
	FLORIDA
(Use attachment if necessary)  LE V: Effective date, if other than the fractive date is listed, the date my	he date of filing: (OPTIONA set be specific and cannot be more than five busines

**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.)

Johnny m. Walker
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)