

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.

(((H14000059310 3)))



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 : CORP USA

Account Number : 072450003255 : (305)634~3694 Fax Number : (305)633-9696

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. FLORIDA SHIP SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 1 2 2014 J. HARRIS

(b)

ARTICLES OF ORGANIZATION OF

FLORIDA SHIP SERVICES, LLC

The undersigned, as a member or an authorized representative of a member of the Company pursuant to Chapter 605.0201, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named FLORIDA SHIP SERVICES, LLC

ARTICLE I.

The name of the Limited Liability Company shall be FLORIDA SHIP SERVICES, LLC

14 MAR 11 AM 8:

ARTICLE II.

The mailing address and street address of de principal office of the Limited Liability Company shall be 10795 NW 50 Street, Suite 105, Doral, Fl 33178.

ARTICLE III.

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

H14000059310

14 MAR | | AM 8: 29

ARTICLE IV. PURPOSE OF ORGANIZATION

The Limited Liability Company is organized for the purpose of engaging in any and all other acts or purposes permitted under Chapter 605.0201 of the Florida Statutes, as amended from time to time, and for any and all other applicable or governing laws of the State Of Florida, except as any of the foregoing acts and/or purposes may be otherwise barred or restricted by laws.

ARTICLE V. MANAGEMENT

This Limited Liability Company shall be managed by two Authorized Members and the name and address of the Authorized Members are:

SAMUEL COHEN, 10795 NW 50 Street, Suite 105, Doral, FI 33178.

OCTTAVIO COHEN, 10795 NW 50 Street, Suite 105, Doral, FI 33178.

ARTICLE VI. ADMISSION OF NEW MEMBERS

Unless otherwise herein specified, new Members shall be admitted to the Limited Liability Company during the period of its existence. New Members may be admitted pursuant to a vote of not less than 100% of the total existing ownership interest each Member has in the Limited Liability Company. No individual Member and/or Authorized Member of the Limited Liability Company shall ever have the power to terminate or grant membership to any person.

PAGE 03/05

ASU9ROS

9696889508 17:21 7102/11/60

SECRETARY OF STATE
ISION OF CORPORATIONS

ARTICLE VII.

CONTINUATION AFTER INVOLUNTARY TERMINATION

In the event of termination of the Limited Company due to death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or any other event which involuntarily terminates the Limited Liability Company, then in that event, the remaining and/or surviving Members shall be fully entitled to continue the business of the Limited Liability Company provided that 100% of the ownership interest then remaining shall be very to do so in writing.

SAMUEL COHEN

AUTHORIZED MĚMBER

OCT/TAVIO COHEN AUTHORIZED MEMBER

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 605.0201, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Limited Liability Company is:

FLORIDA SHIP SERVICES, LLC

10795 NW 50 Street, Suite 105 Doral, Fl 33178 14 MAR 11 AM 8: 29

90/00 B04/02

41400059310

2. The name and address of the registered agent and office is:

SAMUEL COHEN Name

10795 NW 50 Street, Suite 105 (P.O. Box or Mail Drop NOT acceptable)

> Doral, Florida 33178 (City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation 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.

SAMUEL COHEN

DATE: 03/10/2014