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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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EFFECTIVE DATE

2814 SEP 11 PH 12: 31

K.SALY EXAMINER SEP 18 2014

## **COVER LETTER**

TO:	Registration Division of (	Section Corporations		
SUBJI	ECT: <u>Nixon S</u>	Subsea Services, LLC Name of Lin	nited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	natter to the following:	
	Joseph N	Nixon	Name of Person	
			Ivanic of a cison	
	Nixon Su	ibsea Services, LLC		
			Firm/Company	
	1188 Ga	no Avenue #218		
			Address	
	Orange F	Park, Ft. 32073		
		(	City/State and Zip Code	
n	oximus03@ya	hoo com		
والله	ZAII IN COOK ZA	E-mail address: (to be use	d for future annual report notifica	ation)
For fu	ther informatio	n concerning this matter, ple	ase call:	
Josep	h Nixon		904 ) 673-5370	
	Nan	ne of Person	Area Code Daytime Tel	lephone Number
Enclos	ed is a check fo	or the following amount:		
<b>] \$</b> 125.0	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)
			0	

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ed Liability Company, "L.L.C.," or "LLC.")  I office of the Limited Liability Company is:  Mailing Address:
office of the Limited Liability Company is:
office of the Limited Liability Company is:
, , ,
, , ,
Mailing Address:
1188 Gano Avenue
#218
Orange Park, FL 32073
ed agent are:
ne Projection of the second of
SE P
FL 32073
FL 32073 \qquad \qqqqq \qqqqq \qqqqqqqqqqqqqqqqqqqqqq
Zip
service of process for the above stated limited liability company of ept the appointment as registered agent and agree to act in this as of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in apter 605, F.S
1

(CONTINUED)

Page 1 of 2

<u>Citle:</u>	Name and Address:
AMBR" = Authorized Member	
'MGR" = Manager AMBR	Pohocca Nivon
AIVIDR	Rebecca Nixon 1188 Gano Avenue #218 Orange Park, FL 32073
	Orange Park, FL 32073
	Orange Fair, FL 32073
<del></del>	70 70
V: Effective date, if other than the date of the date is listed, the date must be specified.	of filing: <u>9/8/14</u> (OPTIONAL) cific and cannot be more than five business days prior to or 90
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CV: Effective date, if other than the date of the date is listed, the date must be specifiling.)  CVI: Other provisions, if any.  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	niter or an authorized representative of a member.  .0203 (1) (5), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.  .ation submitted in a document to the Department of State
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