p.1 Page 1 of 1

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((11140002446593)))



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

....

Division of Comporations

Fax Number : (850)617-6383

- 11-1111

Account hame : ALA RECISTERED AGENT INC.

Account Number : 126 90000038

: (561) 797 2297

1: (561)20%-968%

\*\*Enter the email address for this business empity to be used for H annual report mollings, Enter only one omals address pleaser

Email Address: REGAGENTZERVICES Q YAHOO. COM

## FLORIDA LIMITED LIABILITY CO. OVERSEAS MARINE SERVICES LLC

| i Certificate of Status | 0        |
|-------------------------|----------|
| Certified Copy          | ! 0      |
| Page Count              | 03       |
| Estimated Charge        | \$125.00 |

1 States OCT 2 1 2014

Page 1 of 1

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((11140002446593)))



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

20:

Division of Corporations

Fam Number : (850) 617-6383

::co::

Account Name : ALA REGISTERED ACCUSED FOR.

Account Minden : 12109-000000

Phono : (561)792 2026 Max Number : (561)202-8035

\*\*Union the omail address for this business entity to be used for future annual reach, malilinus. Enter only one amali secress please.\*\*

Email Address: REGAGENTERVICES Q YAHOO. COM

#### FLORIDA LIMITED LIABILITY CO. OVERSEAS MARINE SERVICES LLC

| Certificate of Status                                 | The Interest court accounted the p |
|---|------------------------------------|
| Certified Copy  | 0                                  |
| Page Count  | 03                                 |
| Estimated Charge                                      | \$125.00                           |
| Para an mornio della di paggio di ancia di la casa di | a                                  |

Electronic Filing Min is a Corporate Filing for in

561-202-8082 H140002446545

| ARTICLES OF ORGANIZATION FOR  | (REORIDA LIMITED LIABILITY COMPANY   |
|---|--|
| ARTICLE I - Name: The name of the Limited Liability Company is:   |  |
| OVERSEAS MARINE SERVICES LLC  |  |
| (Must end with the words "Limite  | d Liability Company, "L.L.C.," or "LLC.")  |
| ARTICLE II - Address: The mailing address and street address of the principal   | office of the Limited Liability Company is:  |
| Principal Office Address:   | Mailing Address:   |
| 3680 NW 73 STREET<br>MIAMI FL 33147   | 3680 NW 73 STREET<br>MIAMI FL 33147  |
| ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registration | n Registered Agent. You must designate an individual or  |
| The name and the Florida street address of the registere  | ed agent are:  |
| A1A REGISTERED AGENT<br>Nam   |  |
| 5647 110TH AVENUE NOR   |  |
| Florida street address (P.O. Bo   | ox NOT acceptable)   |
| ROYAL PALM BEACH  | FL 33411   |
| City  | Zip  |
| the place designated in this certificate, I hereby according to comply with the provision of my duties, and I am familiar with and accept the c                     | service of process for the above stated limited liability company a<br>ept the appointment as registered agent and agree to act in this<br>is of all statutes relating to the proper and complete performance<br>obligations of my position as registered agent as provided for in<br>opter 605, F.S.  |
| Imo Mray  | k.   |
| Registered Agent's Sign   | nature (REQUIRED)  |
| (CONTIN   |  |
| Page I o  | OCT 20 AM 7:   |
|   | The state of the s |

H14200244659 3

| Title:   | Name and Address:   |
|--|---|
| "AMBR" = Authorized Member<br>"MGR" = Manager  |   |
| MGR .  | MARC AL-KHOURY  |
|  | 3680 NW 73 STREET<br>MIAM! FL 33147   |
|  | MINISTER 30 (47   |
|  |   |
|  | **************************************  |
|  |   |
| transité de la description de la processión de la material de la final de la f |   |
|  |   |
|  |   |
| •  |   |
|  |   |
|  |   |
|  |   |
| effective date is listed, the date must be   | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 day   |
| TCLE V: Effective date, if other than the  | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 day   |
| ICLE V: Effective date, if other than the or effective date is listed, the date must be  | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 day .   |
| ICLE V: Effective date, if other than the offective date is listed, the date must be late of filling.)   | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 day .   |
| ICLE V: Effective date, if other than the offective date is listed, the date must be late of filling.)   | date of filing:   |
| ICLE V: Effective date, if other than the offective date is listed, the date must be late of filling.)   | date of filing:   |
| ICLE V: Effective date, if other than the offective date is listed, the date must be ate of filling.)  | date of filing:   |
| ICLE V: Effective date, if other than the ceffective date is listed, the date must be ate of filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:   | e specific and cannot be more than five business days prior to or 90 day  |
| ICLE V: Effective date, if other than the deflective date is listed, the date must be late of filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  | date of filing:  e specific and cannot be more than five business days prior to or 90 day  pender or an authorized representative of a member of the deciment of the genalties of perjury that the facts stated herein are true.  Tomation submitted in a document to the Department of signs on yas provided for in s.817/155, F.S.) |

Riling Fees for Articles of Organization and Designation of Registered Agent