

# L14000167864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

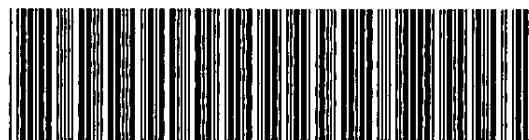
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W1461358  
Date & Sign

Office Use Only



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09/29/14--01024--023 \*\*125.00

FILED  
2014 OCT 27 PM 3:48  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
OCT 28 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 8, 2014

DANIEL ULLIAN  
6358 92ND PLACE NORTH  
PINELLAS PARK, FL 33782

SUBJECT: MARINE SUPPLIES ONLINE LLC.  
Ref. Number: W14000061358

We have received your document for MARINE SUPPLIES ONLINE LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 29, 2014. Please amend your document accordingly.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 414A00021509

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MARINE SUPPLIES ONLINE LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL ULLIAN  
Name of Person

MARINE SUPPLIES ONLINE LLC  
Firm/Company

6358 92nd Place North  
Address

Pinellas Park, Florida 33782  
City/State and Zip Code

danullian1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAN ULLIAN at ( 727 ) 439-3419  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARINE SUPPLIES ONLINE LLC

(Must end with the words "Limited 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:

6358 92ND PLACE NORTH UNIT 2001  
PINELLAS PARK, FLORIDA 33782

Mailing Address:

6358 92ND PLACE NORTH UNIT 2001  
PINELLAS PARK, FLORIDA 33782

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

DANIEL ULLIAN

Name

6358 92ND PLACE NORTH UNIT 2001

Florida street address (P.O. Box NOT acceptable)

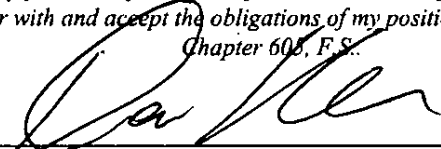
ST. PETERBURG

City

FL 33782

Zip

*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 605, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

'MGR'

**Name and Address:**

DANIEL ULLIAN

6358 92ND PLACE NORTH UNIT 2001

PINELLAS PARK, FL 33782

'AMBR'

DEBBIE ULLIAN

6358 92ND PLACE NORTH UNIT 2001

PINELLAS PARK, FL 33782

"AMBR"

CHRISTOPHER ULLIAN

6358 92ND PLACE NORTH UNIT 2001

PINELLAS PARK, FL 33782

"AMBR"

DANIELLE ULLIAN

6358 92ND PLACE NORTH UNIT 2001

PINELLAS PARK, FL 33782

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 09/13/2014 (OPTIONAL)

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

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

DANIEL ULLIAN

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)**