## L1400068522

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
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(Do	ocument Number)	
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OCT 2 9 2014 S. YOUNG COVER LETTER &

TO: Registration Section Division of Corporations	
SUBJECT: Offshore Partners, 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:	
Kerry Prince Name of Person	
Firm/Company	
P.O. Box 1/1988	
Address	
P.O. Box 1/1988  Address  Naples FL 34/08 - 1988  City/State and Zip Code	
City/State and Zip Code	~
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	2 F
KERRY PRINCE at (321) 360-9593  Name of Person Area Code Daytime Telephone Number	를 C 과 글
Enclosed is a check for the following amount:	
\$125.00 Filing Fee  \$\Bigcup \\$130.00 Filing Fee & Certificate of Status  \$\Bigcup \\$ Certified Copy (additional copy is enclosed)  \$\Bigcup \\$ 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 Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FROM	IDA ENTITED ELABIETTI COMITAIN	•
ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Offshore Partner (Must end with the words "Limited Liabi	2S LLC ility Company, "L.L.C.," or "LLC.'	<del>'</del> )
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is	3:
Principal Office Address: M 6080 Lancewood Way Naples, FL 34116	P.O. Box 111988 Naples, FL 3410	<u>28-</u> 1988
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)		n individual or
The name and the Florida street address of the registered agen    Refer   Prince     Name     (080 Lancewood     Florida street address (P.O. Box NOT     Name     Name     Name     Name     Oso Lancewood     Florida street address (P.O. Box NOT     Name     Name     City     Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the obligation     Chapter 60     Cha	C  DO Way T acceptable)  FL FL 34116  Zip  of process for the above stated limite appointment as registered agent and statutes relating to the proper and cons of my position as registered agent	l agree to act in this complete performance
Registered Agent's Signature ( (CONTINUED)  Page 1 of 2	REQUIRED)	FILED  14 007 24 PH  \$ECKETANGE TALLAHASSEETE
		E GRIDA

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Kanny Painsa
	herry kince
	Naples FL 34116
	114/165 PL 34/16
	•
•	
(Use attachment if necessary)	
(Ose attachment if necessary)	'
ective date is listed, the date must be specific an f filing.)	g: (OPTIONAL) nd cannot be more than five business days prior to or 9
ective date is listed, the date must be specific an of filing.)	g: (OPTIONAL) nd cannot be more than five business days prior to or 9
ective date is listed, the date must be specific and filling.)  E VI: Other provisions, if any.	g: (OPTIONAL) nd cannot be more than five business days prior to or 9
ective date is listed, the date must be specific an filing.)	g: (OPTIONAL) nd cannot be more than five business days prior to or 9
REQUIRED SIGNATURE:	nd cannot be more than five business days prior to or 9
REQUIRED SIGNATURE:  X Signature of a member of	nd cannot be more than five business days prior to or 9
REQUIRED SIGNATURE:  Signature of a member o  (In accordance with section 605.0203	or an authorized representative of a member.  (1) (b). Florida Statutes, the execution of this document
REQUIRED SIGNATURE:  Signature of a member of (In accordance with section 605.0203 constitutes an affirmation under the pe I am aware that any false information s	r an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document malties of perjury that the facts stated herein are true, submitted in a document to the Department of State
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REQUIRED SIGNATURE:  Signature of a member o  (In accordance with section 605.0203 constitutes an affirmation under the pe I am aware that any false information seconstitutes a third degree felony as pro	r an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true, submitted in a document to the Department of State ovided for in s.817.155, F.S.)
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