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SECRETARY OF STALE AHASSEE FEORIDA

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## COVER LETTER

TO:

**Registration Section** 

Division of C	Corporations		
SUBJECT: Boo	at Rehab Name of Lin	MARINE Service  mited Liability Company	CES
The enclosed Articles	of Organization and fee(s) ar	re submitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	David Jo	Name of Person	ly
	Boat Reh	Firm/Company	Services
3	914 36+2	Terrace Sout	n AptB
St? Boar	Petersburg Pehab Seri E-mail address: (to be used	ity/State and Zip Code  Of Om Ai  d for future annual report notifica	1. cau
	n concerning this matter, plea		
Same Nan	at (	727 286 GLI Area Code Daytime Te	26 Lephone Number
Enclosed is a check for	r the following amount:		
□ \$125.00 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)
	iling Address	Street/Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:
Bout Rehab Marine Services (CC) (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:  Mailing Address:
391436th Terr S. AptB 3914 36Th Terr S. AptB SIReterburg, FL 33711
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:
Daime F. Farley
Name
391413614 Terr S. #B
Florida street address (P.O. Box NOT acceptable)
St. Petersburg FL 33711
City J 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)  HAND OF THE SECOND SECON
Page 1 of 2  Page

(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  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 studentied in a document to the Department of States.  Signature of a member of 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 attendment to the Department of States.  Typed or printed name of signee  Signature of a member of 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 attendment to the Department of States.  Typed or printed name of signee  Signature of a member of 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 and statutes are stated herein are true.  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 on the state of the section of the state of the section of the section of this document on the state of the section of the sectio	Tit	<u>le:</u>		Name and Address:	
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ARTICLE IV-