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COVER LETTER

TO:

Registration Section

Division of C	Corporations		
SUBJECT: <u>PORT</u>	MANATEE SHIP REPAIR Name of Lii	& FABRICATION, L.L.C. mited Liability Company	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	spondence concerning this m	natter to the following:	
<u>Frank H.</u>	Kerney III, Esq.	Name of Person	
Taracks	Rickman & Associates	Firm/Company	
<u>3210 We</u>	est Cypress St.	Address	
Tampa, I	FL 33607	City/State and Zip Code	
FKerney@The	AdvocateForYou.com E-mail address: (to be use	d for future annual report notifica	ation)
For further informatio	n concerning this matter, plea	ase call:	
Frank H. Kerney III. Nan	Esq. at (813) 281-2897 Area Code Daytime Tel	lephone Number
Enclosed is a check fo	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)
	ling Address	Street/Courier Addi	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:	
Port Manatee Ship Repair & Fabrication, L.L.C. (Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ee of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	3210 West Cypress St. Tampa, FL 33607
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	gistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	ent are:
Frank H. Kerney III. Esq. Name	
3210 West Cypress St. Florida street address (P.O. Box N	OT acceptable)
<u>Tampa</u>	FL 33607
City	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging Chapter Registered Agent's Signature	
(CONTINUED))

Page 1 of 2

SECRETARY OF STATE
TAIL AHASSEE FLOSIO

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<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	F
<u>MGR</u>	Frank H. Kerney 5709 E. Longboat Blvd.
	Tampa, FL 33615
	
	
EV: Effective date, if other than the dective date is listed, the date must be of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
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