

L15000052272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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Certificates of Status ☒



000269137150

03/05/15--01024--022 **160.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAR -5 PM 12:18

Special Instructions to Filing Officer:

Pamela Lenzion @
Advised Adding the 3/25/15
Addresses For managers

Office Use Only

10³/25/15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Marina Management Consolidated, 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:

Pamela Lendzion
Name of Person

Marina Management Consolidated, LLC
Firm/Company

114 Dory Rd
Address

St Augustine FL 32086
City/State and Zip Code

plendzion@marinetecmgmt
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Lendzion at (904) 814-6382
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Marina Managment Consolidated, 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:

250 NW 10th St

Boca Raton FL 34433

Mailing Address:

114 Dory Rd

St Augustine FL 32086

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:

Pamela Lendzion

Name

114 Dory Rd

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

St Augustine FL

FL 32086

City

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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

MarineTec Management
& Consulting Company, LLC

250 NW 10th St.
Boca Raton, FL
33433

AMBR

Marina Management Services, Inc.

250 NW 10th St.
Boca Raton, FL
33433

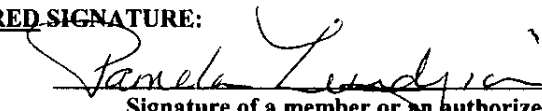
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 15, 2015 (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.)

Pamela Lendzion

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)