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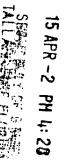
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Global Marine Technical Services Name of Lin	s. LLC mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Aaron D. Leatherwood	Name of Person	and the second state of th
	Global Marine Technical Services.	LLC Firm/Company	
	812 Anchorage Dr	Address	
	North Palm Beach, Fl 33408 Facon d. leatherwood E-mail address: (to be use	City/State and Zip Code Gmail. Com ed for future annual report notifica	ation)
For fu	ther information concerning this matter, ple	ease call:	
Aaron	D Leatherwood at (Name of Person	561) 313-4922 Area Code Daytime Te	lephone Number
Enclos	ed is a check for the following amount:		
□ \$ 125.0	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)
	Mailing Address Registration Section	Street/Courier Add Registration Section	
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporat Clifton Building 2661 Executive Cent	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Global Marine Technical Services, LLC (Must end with the words "Lim	ited Liability Company, "L.L.C.," or "L	LC.")
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Compa	ıny is:
Principal Office Address:	Mailing Address:	
812 Anchorage Dr North Palm Beach, FL 33408	812 Anchorage Dr North Palm Beach Ft., 33408	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its canother business entity with an active Florida registr	own Registered Agent. You must designation.)	ate an individual or
The name and the Florida street address of the registe	ered agent are:	
Keily B Leatherwood N	ame	
812 Anchorage Dr Florida street address (P.O.	Box <u>NOT</u> acceptable)	
North Palm Beach	FL 33408	
City	Zip	
Kelly B	cept the appointment as registered agent ons of all statutes relating to the proper a	and agree to act in this and complete performance
(CONTI	NUED)	
Page 1	of2	: 28

NODE of Assets of the Albertain	Name and Address:	
MBR" = Authorized Member		
IGR" = Manager		
MBR	Aaron D Leatherwood	_
	812 Anchorage Dr	_
	North Palm Beach Fl. 33408	_
		_
		-
		-
		•
		_
		-
		-
		-
se attachment if necessary)		
V: Effective date, if other than the date of filing ive date is listed, the date must be specific ar iling.)	g: (OPTIONAL) nd cannot be more than five business days prior to or	90 da
ive date is listed, the date must be specific arilling.)		90 da
ive date is listed, the date must be specific a		90 da
ive date is listed, the date must be specific ariling.)		90 d <i>i</i>
ive date is listed, the date must be specific and iling.) VI: Other provisions, if any. EQUIRED SIGNATURE:	nd cannot be more than five business days prior to or	90 d <i>i</i>
ive date is listed, the date must be specific as iling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member of	nd cannot be more than five business days prior to or	
Signature of a member of (In accordance with section 605.0203	or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document	
Signature of a member of constitutes an affirmation under the per	or 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.	
Signature of a member of a constitutes an affirmation under the per I am aware that any false information	or 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	
Signature of a member of constitutes an affirmation under the per	or 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	
Signature of a member of a maxitutes an affirmation under the per I am aware that any false information constitutes a third degree felony as pro-	or 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 povided for in s.817.155, F.S.)	
Signature of a member of a maximum and a max	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 povided for in s.817.155, F.S.)	
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Signature of a member of a maximum and a max	or 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 povided for in s.817.155, F.S.) d or printed name of signee	

ARTICLE IV-