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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FILING CANCELLED RETURNED CHECK



MAY 2 6 2015 **J SHIVERS**

COVER LETTER >

	Registration : Division of C				
OUDIDA	(T)	DOUBL	E D MARINI	E, LLC	
SUBJEC	1:	Name of Lii	mited Liability	y Company	
The enclo	sed Articles o	of Organization and fee(s) ar	re submitted f	or filing.	
Please ret	urn all corres	pondence concerning this m	atter to the fo	llowing:	
			STEVEN DO	BKINS	
			Name of P	erson	
		DO	UBLE D MA	RINE, LLC	
			Firm/Com	pany	
			13 SEAGATI	E BLVD.	
			Addres	s	
		K	EY LARGO,	FL 33037	
			City/State and	-	
				MAIL.COM	
		E-mail address: (to be used	l for future an	nual report notificat	ion)
For further	information c	oncerning this matter, pleas	e call:		
	STEV	/EN DOBKINS	904	501-3807	
	Na	· · · · · · · · · · · · · · · · · · ·	rea Code	Daytime Telephon	e Number
Enclosed	is a check for	the following amount:			
	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & I Copy copy is enclosed)	\$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 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:			FILING CANCELLED
The name of the Limited Liability Company is:			RETURNED CHECK
DOUBLE D MARINE, LLC			
(Must end with the words "Limited	Liability Company, "I	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Lia	ability Company is:	
Principal Office Address:		Mailing Ad	dress:
13 SEAGATE BLVD	13 SEA	GATE BLVD	
KEY LARGO, FL 33037	KEY L	ARGO, FL 33037	
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registered.	Registered Agent. You n.)		individual or
-	-		
	VEN DOBKINS Name		
13.5	EAGATE BLVD		
<u> </u>	(P.O. Box NOT acce	ptable)	
KEY LARGO	FLORIDA	33037	
City	State	Zip	
Having been named as registered agent and to accept service lace designated in this certificate, I hereby accept the appointment agree to comply with the provisions of all statutes ream familiar with and accept the obligations of my position of the control of t	ointment as registered a lating to the proper an	gent and agree to a d complete performa rovided for in Chap	ct in this capacity. I nnce of my duties, and I
	(CONTINUED)		22
	Page 1 of 2		MO: 4

FILING CANCELLED RETURNED CHECK

ARTICLE IV-,

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

effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days te of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be bournent's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOUIRED 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 heroin 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.) STEVEN DOBKINS Typed or printed name of signee Filing Fees:	"MGR" = Manager AMBR STEVEN DOBKINS 13 SEAGATE BLVD KEY LARGO, FL 33037 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: MAY 4, 2015 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days te of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I becument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of a member, and the state of the state	Title:		
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