

L 15 000094935 # 1/

https://efile.fljz.org/scripts/efile.exe

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000130417 3)))



H150001304173ABOV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GEOFFREY M. WAYNE, P.A.
Account Number : 076770003401
Phone : (305) 381-8108
Fax Number : (305) 381-8109

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: GN CABOGADOMIAMI.COM

FLORIDA LIMITED LIABILITY CO.
Spermacet Whaling & Shipping LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN -1 PM 1:56

APPROVED
AND
FILED

Electronic Filing Menu Corporate Filing Menu Help

RECEIVED

15 JUN -1 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **Spermacet Whaling & Shipping LLC**

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 4925 Collins Ave., Unit 12-G, Miami Beach, FL 33140

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Geoffrey M. Wayne, Esq.
135 San Lorenzo Ave.,
PH 840
Miami, Florida 33146-1513

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN - 1 PM 1:56

APPROVED
AND
FILED

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.

Geoffrey M. Wayne
Registered Agent's Signature

ARTICLE IV – Management

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

Title:
AMBR/ PS

Name and Address:
Martha Reyes Herrera
4925 Collins Ave., Unit 12-G,
Miami Beach, FL 33140

ARTICLE V – Effective date, if other than the date of filing: _____

ARTICLE IV – Other Provisions, if any.

Geoffrey M. Wayne Authorized Representative
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.)

Geoffrey M. Wayne

Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)