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SECRETARY OF STATE IVISION OF CORPORATIONS

AUG 2 0 2015

T SCHROEDER



CT Corporation

515 East Park Avenue Tallahassee, FL 32301 850 558 1930 tel
 855 637 1628 fax
 www.ctcorporation.com

August 20, 2015

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301

Re:

Order #: 9667688 SO

Customer Reference 1:

18508.307

Customer Reference 2:

Dear Secretary of State, Florida:

Please obtain the following:

Talon Marine LLC (FL) Formation Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

LETTER

Talon Marine LLC		
	Company	-
Felicia Imbrogno		
	Person	
Jackson Kelly PLLC		
	Firm/Company	
500 Lee Street East, Suite 1600		
	Address	
Charleston, West Virginia 2530	1	
	Code	
cpdublin@att.net		
Charles Patrick Dublin	571 606-2320	
Name		 -
[]		
		en

AIXTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Talon Marine LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the principal office of the principal office Address:	of the Limited Liability Company is: Mailing Address:
233 East Bay Street	233 East Bay Street
233 East Bay Street Suite 615	233 East Bay Street Suite 615

a street address of the registered agent ar

 Charles Patrick Dublin

 Name

 233 East Bay Street, Suite 615

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

 Jacksonville
 FL
 32202

 City
 State
 Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company of 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)

Page 1 of 2

JIVISION OF CORPORATIONS

15 AUG 20 AM II.

REOUTRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. 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.	(Use attachment if necessary) CLE V: Effective date, If other than the date of filing: OPTIONAL) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records. CLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 603.0203 (1) (b), Florida Statutes. 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. Typed or printed name of signee Filing Fees:	Title: "AMBR" = Authorized Member	Name and Address:	
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