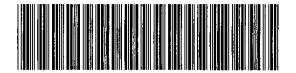
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PICK-UP	■ WAIT	MAIL
	Business Entity Name)	
۵)	ousiness Entity Name)	
(L	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 ALIG 28 AM II: 40

09/08/15

## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJEC:	Atlantic Marine Supplies LLC.		
		imited Liability Company	
The enclos	sed Articles of Organization and fee(s)	are submitted for filing.	
Please retu	urn all correspondence concerning this i	matter to the following:	
	Vincent Thakur		
,		Name of Person	
	Atlantic Marine Supplies LLC	·	
		Firm/Company	
	6471 Cowpen Road, J102		
		Address	
	Miami Lakes, Fl 33014		
		City/State and Zip Code	
	vincent.amsi@gmail.com	1000	
		ed for future annual report notificat	ion)
For further i	information concerning this matter, plea	ase call:	
	Vincent Thakur at (	347 441-4269	
	Name of Person	Area Code Daytime Telephon	e Number
Enclosed i	is a check for the following amount:		
\$125.00 F	Siling Fee \$130.00 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	Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

New Filing 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:		
Atlantic Marine Supp (Must end v		d Liability Compa	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal c	office of the Limi	ted Liability Company is:
<u>Principa</u>	l Office Address:	•	Mailing Address:
6471 Cowpen Road, J Miami Lakes, Fl 3301			471 Cowpen Road, J102 1iami Lakes, Fl 33014
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an account of the company of the	cannot serve as its own	Registered Ager	gent's Signature: nt. You must designate an individual or
The name and the Florida street a	ddress of the registered	d agent are:	
	Vincent Thakur	Name	
	6471 Cowpen Road,	J102	
	Florida street addres	ss (P.O. Box <u>NO</u> )	[acceptable)
	Miami Lakes	Fl	33014
	City	State	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)

Page 1 of 2

" A A (TD (D)" —	Authorized Member	Name and Address:	
"MGR" = N	~	Mine and The land	
<u>MGR</u>		Vincent Thakur	
		6471 Cowpen Road, J102	
		Miami Lakes, Fl 33014	
AMBR		Vanessa D. Thakur	
	<del></del>	6471 Cowpen Road, J102	
		Miami Lakes, Fl 33014	•
<del></del>			
	<u> </u>		
ICLE V: Effect		of filing: (OPTIONAL)	
FICLE V: Effect in effective date in date of filing.) e: If the date ins document's effect	ive date, if other than the date is listed, the date must be specified in this block does not notice date on the Department	ecific and cannot be more than five business days prior to or 90 d	•
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**ARTICLE IV-**

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: