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(Re	questor's Name)	<u>.</u> .
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: * F	Registration Section Division of Corporations		
SUBJECT	Near Coastal Marine Services LLC		
DO BOBO		nited Liability Co	ompany
The enclo	sed Articles of Organization and fee(s) are	submitted for fi	iling.
Please retu	urn all correspondence concerning this ma	tter to the follow	ring:
	Lawrence Bruce Bosarge		
		Name of Perso	on
		Firm/Compan	У
	2750 Archer st		
		Address	
	Middleburg, Fl 32068		
	C	ity/State and Zip	Code
	Captbrucebosarge@yahoo.com		
	E-mail address: (to be used	for future annua	report notification)
For further	information concerning this matter, please	call:	
	Lawrence Bosarge 25		61640
	Name of Person A	ea Code Da	aytime Telephone Number
Enclosed i	is a check for the following amount:		
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Co (additional cop	
	Mailing Address New Filing Section Division of Corporations	New	t Address Filing Section ion of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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TALLAHADORE FLORIOR Near Coastal Marine Services LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

	Principal Office Address:		Mailing Address:
	Archer st lleburg, FL 32068		Archer st
(The Limited Lia	Registered Agent, Registered Office, ability Company cannot serve as its own sentity with an active Florida registration	n Registered Agent.	
The name and th	e Florida street address of the registered	d agent are:	
	Lawrence Bruce Bos	sarge	
	· · · · · · · · · · · · · · · · · · ·		
		Name	
	2750 Archer st	Name	
	 	Name ss (P.O. Box <u>NOT</u> ac	cceptable)
	 		cceptable) 32068

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 l 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

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Lawrence Bruce Bosarge
	2750 Archer st
	Middleburg,FL 32068
AMBR	Diana Harris
	2750 Archer st
	Middleburg, FL 32068
	
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	,
ective date is listed, the date must be of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the decetive date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the detective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will no
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E V: Effective date, if other than the detective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exell am aware that any face.	specific and cannot be more than five business days prior to or 9 at meet the applicable statutory filing requirements, this date will not not of State's records.
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E V: Effective date, if other than the detective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department's effective date and the Department's effective date on the Department's effective da	t meet the applicable statutory filing requirements, this date will not of State's records. member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State.