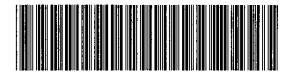
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	Ahoy Marine Canvas LLC
SUBSEC	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Michelle Cappello
	Name of Person
	Ahoy Marine Canvas LLC
	Firm/Company
	6410 Indrio road
	Address
	Fort pierce, florida 34951
	City/State and Zip Code lilnikki 6@msn.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Michelle Cappello 772 9718292
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.001	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ahoy Marine Ca	nvas LLC				
(Must	end with the words "Limited	l Liability Company	, "L.L.C.," or "LLC.")		
RTICLE II - Address:					
he mailing address and stre	eet address of the principal of	office of the Limited	Liability Company is:		
<u>Pri</u>	ncipal Office Address:		Mailing Address:		
6410 Indrio road		6410	Indrio road		
Fort pierce, flori	do 34051	To a			
RTICLE III - Registered The Limited Liability Comp	Agent, Registered Office, pany cannot serve as its own	& Registered Agent.	pierce, florida 34951 t's Signature: (ou must designate an individual or		
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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)

Page 1 of 2

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Michelle Cappello
MON	6410 Indrio road
	Fort pierce, florida 34951
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