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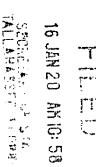
(Requestor's Name)
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D CUSHING

COVER LETTER

TO:	Registration Section Division of Corporations			•
SUBJEC	Biebel Marine LLC			
505050		of Limited Liabi	lity Company	
The encl	osed Articles of Organization and fee	(s) are submitted	i for filing.	
Please re	turn all correspondence concerning th	is matter to the	following:	
	William Biebel			
		Name of	f Person	
	Biebel Marine LLC			
		Firm/Co	ompany	
	711 Bayshore Drive, Apt. 101			
		Addı	ress	497 - 19 - 1
	Fort Lauderdale, FL 33304			
	LL: 1.11@	City/State ar	d Zip Code	
	bbiebel1@yahoo.com	used for future	annual report notification)	
	·		minual report nonneadon)	16 JAN 20 SECRETARIAS
For further	information concerning this matter, p	lease call:		
	William Biebel	203 t (520-9844	20 1
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for the following amount:			
]\$ 125.00 I	Filing Fee \$130.00 Filing Fee Certificate of Status	; └──Certifi	ed Copy Certifi	0 Filing Fee, cate of Status &
		(addition		ed Copy al copy is enclosed)
	Mailing Address		Street Address	
	New Filing Section Division of Corporations		New Filing Section Division of Corporations	
	P.O. Box 6327		Clifton Building	
	Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liab	ility Company is:			
Biebel Marine LL	C			
	d with the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Limited	d Liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Addre	<u> </u>
711 Bayshore Driv	re, Apt. 101	370	Lyons Road	•
Fort Lauderdale, F	L 33304	Bas	king Ridge, NJ 07920	
another business entity with a	•	•		
	William Biedel	Name		
	711 Bayshore Drive,	Ant 101		
	Florida street address		acceptable)	
	Fort Lauderdale	FL	33304	
,	City	State	Zip	
Having been named as registered place designated in this certifical further agree to comply with the am familiar with and accept the	e, I hereby accept the appo provisions of all statutes re	ointment as register lating to the prope	ed agent and agree to act in r and complete performance	n this capacity. I e of my duties, and I
	Mulli	un)	bull ture (REQUIRED)	16 JA SECHI
	. Cogistic	(CONTINUED)	me (imegorithe)	HASS
		Page 1 of 2		

"AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager				
AMBR/MGR	William Biebel			
	711 Bayshore Drive, Apt. 101			
	Fort Lauderdale, FL 33304			
				
	•			
(Use attachment if necessary)	data of filings			
TICLE V: Effective date, if other than the can effective date is listed, the date must be date of filing.) te: If the date inserted in this block does not document's effective date on the Department.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be tent of State's records.			
TICLE V: Effective date, if other than the can effective date is listed, the date must be date of filing.) te: If the date inserted in this block does n	e specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be			
TICLE V: Effective date, if other than the can effective date is listed, the date must be date of filing.) te: If the date inserted in this block does n document's effective date on the Departm	e specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be			
TICLE V: Effective date, if other than the can effective date is listed, the date must be date of filing.) te: If the date inserted in this block does n document's effective date on the Departm TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a	e specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be sent of State's records. Bull Bull Bull Bull Bull Bull Bull Bul			
TICLE V: Effective date, if other than the can effective date is listed, the date must be date of filing.) te: If the date inserted in this block does n document's effective date on the Departm TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exell am aware that any file.	e specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be sent of State's records.			

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