## L16000 39346

(Requestor's Name)	
(Address)	600282225076
(Address)	000202220070
(City/State/Zip/Phone #)	·
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	02/17/1601007004 **160.00
Certified Copies Certificates of Status	
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S. GILBERT

## **COVER LETTER**

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то:	Registration Section Division of Corporations
SUBJEC	Marine Fire Safety Inspections, LLC.
00000	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	cturn all correspondence concerning this matter to the following:
	Frank Diaz
	Name of Person
	Marine Fire Safety Inspections, LLC
	Firm/Company
	2718 Arcadia Drive
	Address
	Miramar, FL 33023
	City/State and Zip Code  MarineFireSafety@comcast.net
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	Frank Diaz 786 255-9054at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed	l is a check for the following amount:
<b>]</b> \$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status 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:			FILED
Marine Fire Safety Ins (Must end w	pections, LLC . ith the words "Limite	d Liability Comp	16 F(	B 17 PM 12: 18
ARTICLE II - Address: The mailing address and street add				COLC. L CORIDA
<u>Principa</u>	Office Address:		Mailing Ad	dress:
2718 Arcadia Drive Miramar, FL 33023			2718 Arcadia Drive Miramar, FL 33023	
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	cannot serve as its own	n Registered Age		individual or
The name and the Florida street a	ddress of the registere	d agent are:		
	Frank Diaz			
		Name		
	2718 Arcadia Drive			
	Florida street addre	ss (P.O. Box <u>NO</u>	T acceptable)	
	Miramar	Florida	33023	
	City	State	Zip	
Having been named as registered at olace designated in this certificate, I further agree to comply with the pro am familiar with and accept the obl	hereby accept the apprinted the apprinted in the apprinte	pointment as reginal relating to the property of the property	stered agent and agree to a oper and complete performa ent as provided for in Chap gnature (REQUIRED)	ct in this capacity. I ince of my duties, and I
•	,	(CONTINUE	•	
		Page 1 of 2		

<u>Title:</u>		Name and Address:
	uthorized Member	
"MGR" = Ma	nager	
<u>AMBR</u>		Frank Diaz
		2718 Arcadia Drive
		Miramar, FL 33023
AMBR		Michelle Bonich-Diaz
AMBR	,	2718 Arcadia Drive
		Miramar, FL 33023
		**************************************
		······································
ICLE V: Effective		of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days at
ICLE V: Effective affective date is ate of filing.)  If the date inse	e date, if other than the date of listed, the date must be spected in this block does not make the date on the Department of	eific and cannot be more than five business days prior to or 90 days at eet the applicable statutory filing requirements, this date will not be listed
ICLE V: Effective date is ate of filing.)  If the date inselocument's effective other process.	e date, if other than the date of listed, the date must be spected in this block does not make the date on the Department of	eific and cannot be more than five business days prior to or 90 days at eet the applicable statutory filing requirements, this date will not be listed
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ICLE V: Effective date is ate of filing.)  If the date inselocument's effective other process.	e date, if other than the date of listed, the date must be spected in this block does not make the date on the Department of rovisions, if any.  SIGNATURE:  Signature of a men This document is execute I, am aware that any false.	eific and cannot be more than five business days prior to or 90 days at eet the applicable statutory filing requirements, this date will not be listed
ICLE V: Effective date is ate of filing.)  If the date inselectment's effective date in the locument's effective date is at each of the locument's effective date is at each of the locument's effective date is at each of the locument's effective date in the locumen	e date, if other than the date of listed, the date must be spected in this block does not make the date on the Department of rovisions, if any.  SIGNATURE:  Signature of a men This document is execute I, am aware that any false.	eet the applicable statutory filing requirements, this date will not be listed f State's records.  The property of a member of

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

ARTICLE IV-