L160000085343

(Re	questor's Name)	,
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
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16 APR 27 PH 5: 15
SECRETARY OF SINTE
ALLAHASSEE FLORIDA

COVER LETTER

Div	vision of Corporations		
SUBJECT:	MAP Marine LLC.		
50252011		mited Liability Company	
The enclose	d Articles of Organization and fee(s) a	re submitted for filing.	
Please return	n all correspondence concerning this m	natter to the following:	
1	Matthew A Pabst		
-		Name of Person	
!	MAP Marine LLC.		
-		Firm/Company	·····
:	2038 Seton Dr		
-		Address	
•	Clearwater, FL 33763		
m	pabst617@gmail.com	City/State and Zip Code	
	E-mail address: (to be used	for future annual report notification	on)
For further inf	formation concerning this matter, pleas	se call:	
J		27 442-0454	
_	Name of Person A	Area Code Daytime Telephone	Number
Enclosed is	a check for the following amount:		
]\$125.00 Fili	ing 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)
	Muiling Address	Street Address	

Mailing Address

TO:

Registration Section

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

Street Address

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:				FIL	ED
The name of the Limited Liabilit	y Company is:			16 APR 27	
MAP Marine LLC.				SECRETARY	COF STATE
(Must end	with the words "Limited	I Liability Compan	y, "L.L.C.," or "LLC	TALLAHASSI	EE FLORIDA
ARTICLE II - Address: The mailing address and street ad	ldress of the principal o	office of the Limited	d Liability Company	is:	
<u>Princip</u> :	al Office Address:		Mailing	Address:	
2038 Seton Drive		203	8 Seton Drive		
Clearwater, FL 3376.		Cle	arwater, FL 33763		
ARTICLE III - Registered Ago (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registration	Registered Agent.		an individual or	
	Matthew A Pabst				
		Name			
	2038 Seton Drive				
	Florida street addres	s (P.O. Box <u>NOT</u> a	acceptable)		
	Clearwater	FL	33763		
	City	State	Zip		
Havino heen named as registered a	went and to accept serv	ice of process for th	e ahove stated limited	l liability compa	ny at the

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

	Title:		Name and Address:	16 APR 27 PH 5: 15
•	"AMBR" = Authorized "MGR" = Manager MGR	Member	Matthew Pabst	SECRETARY OF STATE FALL AHASSEE FLORID.
-	IVICIN		2038 Seton Drive	WECKINGSEE FEDRID!
			Clearwater, FL 33763	

-				
				
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TICLI an effe date o te: If docum	E V: Effective date, if of sective date is listed, the filling.) the date inserted in this nent's effective date on E VI: Other provisions, i	ther than the date of filidate must be specific block does not meet the Department of Staff any. URE: gnature of a member cument is executed in are that any false informatic date of the second of	and cannot be more than five the applicable statutory filing rete's records. For an authorized represental accordance with section 605.02 mation submitted in a documer	quirements, this date will not be listive of a member. 203 (1) (b), Florida Statutes. It to the Department of State

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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)