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(City/State/Zip/Phone #)

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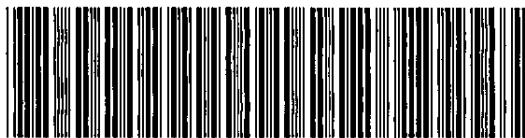
(Business Entity Name)

(Document Number)

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BUREAU OF CONSTITUTIONAL AFFAIRS
16 MAY 13 PM 5:00
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FILED
16 MAY 13 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 16 2016

T. SCHROEDER

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DATE: 5/13/16

NAME: MARINE INVESTORS, LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Attoche

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARINE INVESTORS, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen N. Wilchins, Esq.

Name of Person

Wilchins Cosentino & Friend, LLP

Firm/Company

20 William Street, Suite 130

Address

Wellesley, MA 02481

City/State and Zip Code

swilchins@wcfllp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen N. Wilchins at (781) 235-5500

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing 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)

Mailing Address

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:

The name of the Limited Liability Company is:

MARINE INVESTORS, 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:

100 S. Pointe Drive, Unit 1104

Miami Beach, FL 33139

Mailing Address:

100 S. Pointe Drive, Unit 1104

Miami Beach, FL 33139

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Capitol Corporate Services, Inc.

Name

155 Office Plaza Dr Ste A

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, FL 32301

City

State

Zip

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..

Krista Ali

Krista Ali, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

Title:
"AMBR" = Authorized Member
"MGR" = Manager

MGR

AMBR

AMBR

AMBR

(Use attachment if necessary)

Name and Address:

Mark D. Greenberg
100 S. Pointe Drive, Unit 1104
Miami Beach, FL 33139

Mark D. Greenberg, Individually
100 S. Pointe Drive, Unit 1104
Miami Beach, FL 33139

Mark D. Greenberg, Trustee
Debra P. Greenberg Irrevocable Trust - 2011
w/d/t May 8, 2011

Joyce M. Christensen, Trustee
Debra P. Greenberg Irrevocable Trust - 2011
w/d/t May 8, 2011

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed on the document's effective date on the Department of State's records.

ARTICLE VI: Other provision, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.

Mark D. Greenberg

Typed or printed name of signer

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)

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