## <u>Ulaev194140</u>

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bı	ısiness Entity Nam	ne)		
(Do	ocument Number)	<u>.                                    </u>		
Certified Copies	Certificates	of Status		
•				
Special Instructions to	Filing Officer:			

Office Use Only



10/20/16--01011--007 \*\*125.00

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## **COVER LETTER**

	egistration Section vivision of Corporations	<b>136</b>			
SUBJECT	Marine Diesel Engines, LLC				
SUBJECT		imited Liability Company			
The enclos	sed Articles of Organization and fee(s)	are submitted for filing.			
Please retu	irn all correspondence concerning this	matter to the following:			
	Mark S. DeJong				
		Name of Person			
	Marine Diesel Engines, LLC				
	Firm/Company				
	7281 Shrimp Road				
		Address			
	Key West, Florida 33040				
	marinedieselengines2016@gamail.com	City/State and Zip Code			
	E-mail address: (to be use	ed for future annual report notification)			
For further i	nformation concerning this matter, plea	ase call:			
	Paul S. Mills, C.P.A.	305 294-3699			
	Name of Person	Area Code Daytime Telephone Number			
Enclosed i	s a check for the following amount:				
\$125.00 F	iling Fee \$\frac{130.00}{\text{Certificate of Status}}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

Marine Diesel Engines, LLC		
(Must end with the	e words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ICLE II - Address:	f the principal office	of the Limited Liability Company is:
nailing address and street address o  Principal Offic		Mailing Address:
<b>~</b>		,

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

Paul S. Mills, C.P.A.

Name

1541 Fifth Street

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

Key West FL 33040

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..

Fauls Mels CAA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	itle:		Name and Address:
	AMBR" = Authorized	Member	
"MGR" = Manager AMBR		Mark S. DeJong	
			7281 Shrimp Road
			Key West, FL 33040
λ.	MGR		Mark S. DeJong
WOK		7281 Shrimp Road	
			Key West, FL 33040
_			
_			
J)	Jse attachment if neces	ssary)	
·			
			. (OPTIONAL)
(11 an ellect the date of		date must be specific and	d cannot be more than five business days prior to or 90 days after
		block does not meet the a	applicable statutory filing requirements, this date will not be listed as
		the Department of State's	
ADTICLE	1/1 Od t.t	c	
ARTICLE	VI: Other provisions, i	i any.	
			-
R	<u>EQUIRED</u> SIGNATI	URE:	
		/ hos	
	<u></u>	gnature of a/member or	n authorized representative of a member.
	This do	cument is executed in acc	ordance with section 605.0203 (1) (b), Florida Statutes.
	I am aw	are that any false informa	ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
	constitu	ies a mira degree telony a	as provided for ill s.817.155, r.s.
	<u> </u>	Mark S. DeJong	
		Typed	or printed name of signee

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)