Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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From:

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Account Number : 104662003400 Phone : (516) 935-3940

Fax Number

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gspettyfl@yahoo.com

FLORIDA LIMITED LIABILITY CO. PALM ISLE MARINE LLC

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Corporate Filing Menu

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ARTECLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

PALM	ISLE MARINE LLC
(Must end with the w	rds "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
125 EAST MCKENZIE STREET PUNTA GORDA, FL 33950	125 EAST MCKENZIE STREET PUNTA GORDA, FL 33950
(The Limited Liability Company cannot se another business entity with an active Flor	ered Office, & Registered Agent's Signature: ve as its own Registered Agent. You must designate an individuda registration.)
(The Limited Liability Company cannot se another business entity with an active Flor The name and the Florida street address of	ered Office, & Registered Agent's Signature: ve as its own Registered Agent. You must designate an individu da registration.) the registered agent are:
(The Limited Liability Company cannot se another business entity with an active Flor	ered Office, & Registered Agent's Signature: we as its own Registered Agent. You must designate an individu da registration.) the registered agent are:
(The Limited Liability Company cannot se another business entity with an active Flor The name and the Florida street address of STEVE PE	ered Office, & Registered Agent's Signature: ve as its own Registered Agent. You must designate an individuda registration.) the registered agent are:
(The Limited Liability Company cannot se another business entity with an active Flor The name and the Florida street address of STEVE PE 125 EAST MC	ered Office, & Registered Agent's Signature: ve as its own Registered Agent. You must designate an individu da registration.) the registered agent are: TY Name
(The Limited Liability Company cannot se another business entity with an active Flor The name and the Florida street address of STEVE PE 125 EAST MC	ered Office, & Registered Agent's Signature: ve as its own Registered Agent. You must designate an individu da registration.) the registered agent are: TY Name KENZIE STREET ess (P.O. Box NOT acceptable)

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)
BRUCE B. HUBBARD, PRESIDENT

(CONTINUED)

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Title:	Name and Address:
"AMBR" = Authorized Member	· · · · · · · · · · · · · · · · · · ·
"MGR" = Manager AMBR	GEORGE STEPHEN PETTY
AIVIDIX	125 EAST MCKENZIE STREET
	PUNTA GORDA, FLORIDA 33950
	PUNTA GORDA, PLORIDA 33330
(Use attachment if necessary)	
EV: Effective date, if other than the directive date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
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E V: Effective date, if other than the discrive date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	Manage Address Affin
E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (a. (In accordance with section)	member organ authorized representative of a member. on 605.0205 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with section constitutes an affirmation I am aware that any false	specific and cannot be more than five business days prior to or s
E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with section constitutes an affirmation I am aware that any false	member oran authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.