0008617E53 04/18/2017 15:4 orida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000106023 3)))



H170001080233ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Mumber

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone Fax Number : (305)552-5973 : (305)220-1440

**Enter the email address for this business entity to be used for fully annual report mailings. Enter only one email address please.*

Fmail	Address:_			•		
~~~		 <del> </del>	 	 _	_	

## FLORIDA LIMITED LIABILITY CO. DISCOUNT MARINE SUPPLY LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

ne 4/19/17

**ARTICLE I - Name:** 

H17000106023

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: (Must end with the words "Limited Liability "L.L.C.," or "LLC.")	y Company,	
Discount Marine Supply L	.LC	
į	132 T4	t. (De.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited	APR APRILLA	to thick
2747 NW 21 Street Mann, Fl. 33142		e e e
Mani, 71. 33142	ESVATE	- Parisher

ARTICLE III - Registered Agent, Registered Office:

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

Silvio Rafael Fernandez 2747 NW 21 ST

Miami FL 33142

The name and title of each person authorized to manage and control the Limited Liability Company:

Silvio Rafael Fernandez (AMBR)

Yvette Barbara Fernandez (AMBR)

H17000108023

## Required Signatures:

ure of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.817.155, F.S.

**LAZARUS** 

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 (REQUIREQ)