

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAW OFFICE OF LARRY WANG, LLC
Account Number : I20130000086
Phone : (904)217-4514
Fax Number : (866)230-6060

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

Email Address: childers, chip@gmail.com**FLORIDA LIMITED LIABILITY CO.****HD Marine LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

17 MAY 22 PM 1:30
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY 22 AM 8:25

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company shall be: **HD Marine LLC**

ARTICLE II - PRINCIPAL OFFICE

Principal street address

Mailing address, if different

**5582 Heckscher Drive
Jacksonville, FL 32226**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, AND 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:

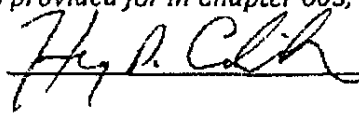
Name: **Harry Duvall Childers**

Florida Street Address: **5582 Heckscher Drive**

City, State, Zip: **Jacksonville, FL 32226**

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: _____



ARTICLE IV -

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

Title:
MGR

Name and Address:
**Harry Duvall Childers
5582 Heckscher Drive
Jacksonville, FL 32226**

ARTICLE V - EFFECTIVE DATE

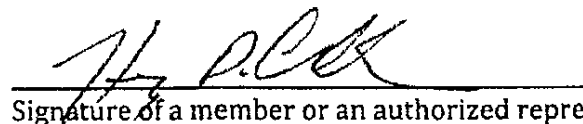
Effective date, if other than the date of filing: _____

(If an effective date is listed, the date must be specified and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's record.

ARTICLE VI – Other provisions, if any.

Required Signature:

A handwritten signature in black ink, appearing to read "H. D. Childers", is written over a horizontal line.

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. 817.155, F.S.

Printed Name of Signee: **Harry Duvall Childers**