## L17000111745

(Re	equestor's Name)	
(Ad	ddress)	
(A	ddress)	
(Ci	ity/State/Zip/Phoni	e #)
<u></u>	☐ WAIT	<u></u>
(B	usiness Entity Nar	me)
(D	ocument Number)	)
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600298970006

600298970006 05/17/17--01018--017 \*\*130.00

17 Far 17 (TIE: 82

M. MOON MAY 17 2017

## **COVER LETTER**

10:	Division of Corporations	•
SUBJEC		G OFFSHORE LLC
HODJEC		Limited Liability Company
The encl	osed Articles of Organization and fee(s	are submitted for filing.
Please re	turn all correspondence concerning this	matter to the following:
		Justin D. Gallagher
		Name of Person
		JG OFFSHORE LLC
	THE RESERVE	Firm/Company
		430 Overstreet Drive
		Address
		Destin, FL 32541
		City/State and Zip Code
		jgallagh525@gmail.com
	E-mail address: (to be u	sed for future annual report notification)
For further	r information concerning this matter, pla	ease call:
	Justin D. Gallagher	850 830-5167 ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
<b>]</b> \$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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

	<del></del>	FSHORE LLC			
(Must	contain the words "Limited L	iability Company, '	"L.L.C.," or "LLC.")		
RTICLE II - Address:					
ne mailing address and stre	eet address of the principal of	fice of the Limited	Liability Company is:		
<u>Pri</u>	ncipal Office Address:		Mailing Address:		
430 Overstreet D	rive	430 (	Overstreet Drive		
430 Oversiteer D			Sveisileet Bilve		
Destin, FL 3254		<del>_</del>	n, FL 32541	_	
		<del>_</del>		<u> </u>	
Destin, FL 3254  RTICLE III - Registered	Agent, Registered Office, &	Desti	n, FL 32541 t's Signature:		
Destin, FL 3254  RTICLE III - Registered The Limited Liability Comp	Agent, Registered Office, &	Desti	n, FL 32541	17 :	
Destin, FL 3254  RTICLE III - Registered The Limited Liability Comp	Agent, Registered Office, &	Desti	n, FL 32541 t's Signature:	17 50	
Destin, FL 3254  RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, &	Registered Agen Registered Agent. Y	n, FL 32541 t's Signature:	17 55 5	•
Destin, FL 3254  RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, & oany cannot serve as its own I an active Florida registration	Registered Agen Registered Agent. Y	n, FL 32541 t's Signature:	17 50 10 21	•
Destin, FL 3254  RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, & pany cannot serve as its own I an active Florida registration reet address of the registered	Registered Agen Registered Agent. Y	n, FL 32541 t's Signature:	17 E2 0 (1.1)	•
Destin, FL 3254  RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, & pany cannot serve as its own I an active Florida registration reet address of the registered a Justin Gallagher	Registered Agent Registered Agent. You	n, FL 32541 t's Signature:	17 52 F 31 1 0	
Destin, FL 3254  RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, & pany cannot serve as its own I an active Florida registration reet address of the registered	Desti	n, FL 32541  t's Signature:  You must designate an individual or	17 EST TO ELLE 02	
Destin, FL 3254  RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, & Dany cannot serve as its own to an active Florida registration reet address of the registered a Justin Gallagher  430 Overstreet Drive	Desti	n, FL 32541  t's Signature:  You must designate an individual or	17 EST 07 EST 02	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title:		Name and Address:		
"AMBR" = A	uthorized Member			
"MGR" = Ma	nager			
AMBR		Justin D. Gallagher		
		430 Overstreet Drive		41.
		Destin, FL 32541	7	- ;-
				-
			2	
			( )	
			$\Box$	A.J.
			10	1
CLEV: Effective	ent if necessary)	f filing: (OPTIONAL)		_
CLE V: Effective effective date is lee of filing.) If the date insert	e date, if other than the date of isted, the date must be spec	f filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 90  et the applicable statutory filing requirements, this date will no	-	
CLE V: Effective date is I e of filing.) If the date insert cument's effective CLE VI: Other pr	e date, if other than the date of isted, the date must be spected in this block does not me the date on the Department of ovisions, if any.	f filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 90  et the applicable statutory filing requirements, this date will no 'State's records.	-	
CLE V: Effective date is I e of filing.) If the date insert cument's effective CLE VI: Other pr	e date, if other than the date of isted, the date must be spected in this block does not me the date on the Department of ovisions, if any.	f filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 90  et the applicable statutory filing requirements, this date will no	-	
CLE V: Effective effective date is I e of filing.) If the date insert cument's effective CLE VI: Other present	e date, if other than the date of isted, the date must be spected in this block does not me the date on the Department of ovisions, if any.	f filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 90  et the applicable statutory filing requirements, this date will no 'State's records.	-	
CLE V: Effective effective date is le of filing.) If the date insert cument's effective CLE VI: Other present	e date, if other than the date or isted, the date must be spected in this block does not me to date on the Department of ovisions, if any.  SIGNATURE:	f filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 90  et the applicable statutory filing requirements, this date will no 'State's records.	-	
CLE V: Effective effective date is I e of filing.) If the date insert cument's effective CLE VI: Other preserve	e date, if other than the date or isted, the date must be speced in this block does not me to date on the Department of ovisions, if any.  SIGNATURE:  Signature of a mem This document is executed.	filing:	t be li	
CLE V: Effective ffective date is I e of filing.)  If the date insert cument's effective  CLE VI: Other preserve	e date, if other than the date or isted, the date must be speced in this block does not me to date on the Department of ovisions, if any.  SIGNATURE:  Signature of a mem This document is executed I am aware that any false in	filing:	t be li	
CLE V: Effective ffective date is I e of filing.)  If the date insert cument's effective  CLE VI: Other preserve	e date, if other than the date or isted, the date must be speced in this block does not me to date on the Department of ovisions, if any.  SIGNATURE:  Signature of a mem This document is executed 1 am aware that any false in constitutes a third degree for isted or in the constitutes at the constit	filing:	t be li	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)