L17000137191

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dusiliess Elitity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 12, 2017

CARLOS J URRUTIA 117 BRISTOL PLACE PONTE VEDRA BEACH, FL 32082 US

SUBJECT: CJU-LNU MARINE LLC Ref. Number: W17000049028

We have received your document for CJU-LNU MARINE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

JUAN A REYES Regulatory Specialist II

Letter Number: 517A00011788

COVER LETTER

	Registration Section Division of Corporations		
SUBJECT	CJU-LNU Marine LLC		
Sobolic :	Name of Limited Liability Company		
The enclos	sed Articles of Organization and fee(s) are submitted for filing.		
Please reti	rm all correspondence concerning this matter to the following:		
	Carlos J Urrutia		
	Name of Person		
	Firm/Company		
	117 Bristol Place		
	Address		
	Ponte Vedra Beach, Florida 32082		
	City/State and Zip Code		
	carlosjurrutia@gmail.com		
	E-mail address: (to be used for future annual report notification)		
or further	information concerning this matter, please call:		
	Colvin Leonard 404 431-4423 at ()		
	Name of Person Area Code Daytime Telephone Number		
Enclosed i	s a check for the following amount:		
]\$125.00 F			

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

ARTICLE I - Name: The name of the Limited Liability Company is:	
CJU-LNU Marine LLC	
(Must end with the words "Limited Liah	oility Company, "L.1.,C.," or "LLC.")
ARTICLE H - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
117 Bristol Place	117 Bristol Place
Ponte Vedra Beach, Florida 32082	Ponte Vedra Beach, Florida 32082
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regianother business entity with an active Florida registration.) The name and the Florida street address of the registered agen	istered Agent. You must designate an individual or
Carlos J Urrutia	
National Nat	me
117 Bristol Place	
Florida street address (P.O	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..

Ponte Vedra Beach

City

Registered Agent's Signature (REQUIRED)

32082

Zip

(CONTINUED)

Florida

State

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Carlos J Urrutia 117 Bristol Place Ponte Vedra Beach, Florida 32082 AMBR Lana N Urrutia 117 Bristol Place Ponte Vedra Beach, Florida 32082 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of 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 records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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.

Carlos J Urrutia

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)

S 5.00 Certificate of Status (Optional)

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