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WALK IN

		WALK III	
	PICI	K UP: 7/17/17	
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•	EVERGLADES MARIN (CORPORATE NAME AND DOCU		
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PECIA	L INSTRUCTIONS:		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

Everglades Marine V		1.111 - 61	
(Ivitist cont	ain the words "Limited Lia	bility Company	y, "L.L.C.," or "LLC.")
RTICLE II - Address:			
e mailing address and street a	ddress of the principal offic	e of the Limite	d Liability Company is:
Princip	al Office Address:		Mailing Address:
263 Chipola Cove		PC) Box 5253
Destin, FL 32541		Dc.	stin, FL 32540
TICLE III - Registered Age te Limited Liability Company other business entity with an a	cannot serve as its own Reg	Registered Age gistered Agent.	
te Limited Liability Company	cannot serve as its own Reg ctive Florida registration.)	gistered Agent.	ent's Signature:
te Limited Liability Company other business entity with an a	cannot serve as its own Regotive Florida registration.) address of the registered age	gistered Agent.	ent's Signature:
te Limited Liability Company other business entity with an a	cannot serve as its own Regotive Florida registration.) address of the registered age Justin Goff	gistered Agent.	ent's Signature:
te Limited Liability Company other business entity with an a	cannot serve as its own Regotive Florida registration.) address of the registered age Justin Goff	gistered Agent. ent are:	ent's Signature:
te Limited Liability Company other business entity with an a	cannot serve as its own Registration.) address of the registered age Justin Goff No	gistered Agent. enfare:	ent's Signature: You must designate an individual or
te Limited Liability Company other business entity with an a	cannot serve as its own Registre Florida registration.) address of the registered age Justin Goff Na 263 Chipola Cove	gistered Agent. enfare:	ent's Signature: You must designate an individual or

liaving 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 undagree to act in this capacity. I tat ther 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Justin Goff
	263 Chipola Cove
	Destin, FL 32541
(Use attachment if necessary)	
-	date of filing: . (OPTIONAL)
RTICLE V: Effective date, if other than the can effective date is listed, the date must be	date of filing:
RTICLE V: Effective date, if other than the of an effective date is listed, the date must be course of filing.)	e specific and cannot be more than five business days prior to or 90 days after
RTICLE V: Effective date, if other than the can effective date is listed, the date must be date of filing.) ofe: If the date inserted in this block does n	e specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as
RTICLE V: Effective date, if other than the of an effective date is listed, the date must be educe of filing.) ofe: If the date inserted in this block does not document's effective date on the Departm	e specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as
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Filing Fees:

Typed or printed name of signee

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

ARTICLE IV-

Justin Goff