L17000195938

(Requestor's Name)	_
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	٦
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17 SEP 20 AM ID: 35

SEP 21 2017 K. Brumbley

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Key West Marine Surveyor, LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Current
Name of Person
Firm/Company
P.O. Box 5275
Address
Key West, Florida 33045
City/State and Zip Code
michael.l.current@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Current 305 393-7778
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$130.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Key West Marine Surveyor,	11.0					
	(Must end with the words "	Limited Liabilit	y Company, "L.L.C.	," or "LLC.")	,	
. pmc. p						
ARTICLE II - Addr The mailing address a	ess: ind street address of the pri	ncipal office of	the Limited Liability	Company is:		
-		-		. ,		
Principal Office Add	<u>iress:</u>	<u>Mailing Add</u>	ress:			
Key West Marine Surveyor,	ис	Key V	Vest Marine Surveyor, LLC		_	
2764 N. Roosevelt Blvd. #52	?75	P.O.	3ox 5275			
Key West, FL 33045		Key V	Vest, FL 33045		_	
	rida street address of the re NORTHWEST REGIST 3030 N. Rocky Point Dr. Florida street address (I	egistered agent a TERED AGENT LLC Name . STE 150A P.O. Box NOT a	occeptable)	SCONETARY OF STAPP	17 SEP 20 8H 10: 35	
	City	F1	. 33607 Zip	_ `		
the place designate capacity. I further a	as registered agent and to a ted in this certificate, I here agree to comply with the pro am familiar with and acce	by accept the apporting by accept the approvisions of all ste	pointment as register ututes relating to the p s of my position as re	ed agent and agree (proper and complete	to act ii e p <mark>erf</mark> oi	n this rmance

(CONTINUED)

Page 1 of 2

l'itle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Michael Lee Current
	2764 N. Roosevelt Blvd, #5275
	Key West, FL 33045
AMBR	Laun Jean Current
 _	2764 N. Roosevelt Blvd, #5275
	Key West, FL 33045
	
	to of filing: (OPTIONAL)
V: Effective date, if other than the date tive date is listed, the date must be s	te of filing:
V: Effective date, if other than the date tive date is listed, the date must be s filling.)	
CV: Effective date, if other than the date retive date is listed, the date must be so filling.) CVI: Other provisions, if any.	
V: Effective date, if other than the date etive date is listed, the date must be so filing.) VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90
CV: Effective date, if other than the date entire date is listed, the date must be so filling.) EVI: Other provisions, if any. Signature of a magnetic constitutes an affirmation I am aware that any false is set in the date must be so filling.)	
EVI: Other provisions, if any. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false in the section is a manual or a manual	pecific and cannot be more than five business days prior to or 90 member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)