

L11000221667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

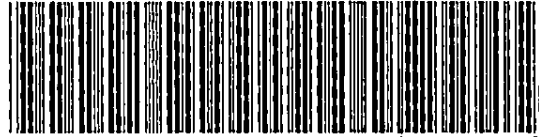
(Business Entity Name)

(Document Number)

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17-NOV--2-PM 12:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: McNamara Mobile Marine Services, 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:

Raymond C. McNamara

Name of Person

McNamara Mobile Marine Services, LLC

Firm/Company

560 SW Dagget Avenue

Address

Port Saint Lucie, Florida 34953

City/State and Zip Code

raymond.mmms@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond C. McNamara

772

812 - 4599

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 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

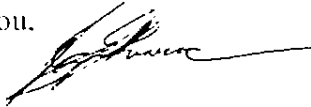
New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

October 30, 2017

To whom it may concern,

Attached to this letter you will find the application for *McNamara Mobile Marine Services, LLC*, the Articles of Organization, and check number 185 in the amount of \$160.00 as payment for the application. Please call with any questions that you may have.

Thank you.



Raymond C. McNamara
560 SW Dagget Ave.
Port Saint Lucie, Florida 34953
(772) 812-4599
raymond.mmms@gmail.com

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

McNamara Mobile Marine Services, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

560 SW Dagget Ave.,

Port Saint Lucie, FL 34953

560 SW Dagget Ave.,

Port Saint Lucie, FL 34953

ARTICLE III - Registered Agent, Registered Office, & 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:

Raymond C. McNamara

Name

560 SW Dagget Avenue

Florida street address (P.O. Box **NOT** acceptable)

Port Saint Lucie

Florida


34953

City

State

Zip

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 (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 NOV - 2 PM 12: 07

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Ravmond C. McNamara

560 SW Daguer Ave.

Port St. Lucie, FL 34953

(Use attachment if necessary)

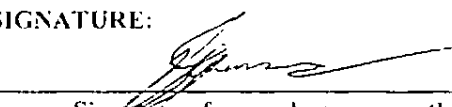
ARTICLE V: Effective date, if other than the date of filing: November 1, 2017 (OPTIONAL)

(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.

Ravmond C. McNamara

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)

\$ 5.00 Certificate of Status (Optional)

17 NOV -2 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA