

L180000171383

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000205455 3)))



H180002054553ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (800) 293-4075

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: robbyachts@yahoo.com

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 JUL 16 PM 2:11

FLORIDA LIMITED LIABILITY CO.

CROCKER MARITIME LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

C RICO  
JUL 16 2018

RECEIVED  
2018 JUL 16 PM 12:00  
DIVISION OF CORPORATIONS  
COMMERCIAL  
REGISTRATION SERVICES

H18000205455 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**CROCKER MARITIME LLC**

(Must end with 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:**220 W 68TH ST  
JACKSONVILLE, FL 32208220 W 68TH ST  
JACKSONVILLE, FL 32208**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:

ROBERT CROCKER

Name

220 W 68TH STFlorida street address (P.O. Box **NOT** acceptable)JACKSONVILLE

City

FL 32208

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)
**ROBERT CROCKER**

(CONTINUED)

Page 1 of 2

 18 JUL 16 PM 2:11  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

H18000205455 3

H18000205455 3

**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

AMBR

**Name and Address:**

ROBERT CROCKER

220 W 68TH ST

JACKSONVILLE, FLORIDA 32208

SARAH CROCKER

220 W 68TH ST

JACKSONVILLE, FLORIDA 32208

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

ROBERT CROCKER

Typed or printed name of signer

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JUL 16 PM 2:11

H18000205455 3

850-617-6381

7/10/2018 9:40:28 AM PAGE 1/001 Fax Server



July 10, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HARRY W ELLIS  
671 66TH AVE SOUTH  
ST PETERSBURG, FL 33760

SUBJECT: SILLE ENTERPRISES, LLC  
REF: W18000062758

We have received your document for SILLE ENTERPRISES, LLC. However, the document has not been filed and is being returned for the following:

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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.

Rochelle E Kemple  
Regulatory Specialist II

FAX Aud. #: H18000198946  
Letter Number: 118A00014128