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## COVER LETTER

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SUBJECT: _	Marine Mom Enterprises, LLC
SUBJECT	Name of Limited Liability Company
The enclosed .	Articles of Organization and fee(s) are submitted for filing.
Please return a	Il correspondence concerning this matter to the following:
	Sandra A. Murray
	Name of Person
_	Firm/Company
	13774 Devan Lee Dr E
	Address
	Jacksonville, FL 32226
	City/State and Zip Code csmurray1850@gmail.com
	E-mail address: (to be used for future annual report notification)
For further into	mation concerning this matter, please call:
	Sandra A. Murray 561 777-2243
	Name of Person Area Code Daytime Telephone Number
Enclosed is a	theck for the following amount:
\$125.00 Filing	Stee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section  Street Address New Filing Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

Marine Mom Enterprises, LLC	<u>.                                    </u>		
(Must contain the words "Limited Li	ability Company.	"L.L.C.," or "LLC.")	
RTICLE II - Address:			
e mailing address and street address of the principal offi	ice of the Limited	Liability Company is:	
Principal Office Address:		Mailing Address:	
13774 Devan Lee Dr E	137	74 Devan Lee Dr E	
Jacksonville, Fl. 32226	Jack	Jacksonville, FL 32226	
he Limited Liability Company cannot serve as its own R	egistered Agent.	• •	
The Limited Liability Company cannot serve as its own R tother business entity with an active Florida registration, me name and the Florida street address of the registered a	egistered Agent. ) gent are:	• •	
	egistered Agent. )	• •	
The Limited Liability Company cannot serve as its own R nother business entity with an active Florida registration. the name and the Florida street address of the registered a	egistered Agent. ) gent are: ra A. Murray	• •	
The Limited Liability Company cannot serve as its own R nother business entity with an active Florida registration. The name and the Florida street address of the registered a	egistered Agent. ) gent are: ra A. Murrav Name Devan Lee Dr E	You must designate an individual or	
The Limited Liability Company cannot serve as its own R nother business entity with an active Florida registration.   the name and the Florida street address of the registered a Sand	egistered Agent. ) gent are: ra A. Murrav Name Devan Lee Dr E	You must designate an individual or	

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 (EQUIRED) 7

(CONTINUED)

D	T'I	~	i ii	IV-	

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

"AMBR" = Authorized Member		
"MGR" = Manager	Contact Manager	
AMBR	Sandra A. Murray	
	13774 Devan Lee Dr E	
	Jacksonville, FL 32226	
	<u></u>	
(Use attachment if necessary)		
	date of filing:	
T. F. VI. Other provisions: if and		
, i.i., + i. Odici provisions, ii any.		
T.F. V1: Other provisions, if any.		
· · · · · · · · · · · · · · · · · · ·		
REQUIRED SIGNATURE:	h. Murry 10-15-2018	
REQUIRED SIGNATURE: Signature of	he Murry 10 - 15 - 2018 a member or an authorized representative of a member.	
REQUIRED SIGNATURE:  Signature of This document is e	a member or an authorized representative of a member.  xecuted in accordance with section 605.0203 (1) (b). Florida Statutes.	
Signature of This document is e. I am aware that any	he Murry 10 - 15 - 2018 a member or an authorized representative of a member.	<del>ب</del> ن
REQUIRED SIGNATURE:  Signature of This document is e. I am aware that any	a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State degree felony as provided for in s.817.155. F.S.	<del>ب</del> ن
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Signature of This document is e I am aware that any constitutes a third d  \$125.00 Filing Fee for Articles o \$ 30.00 Certified Copy (Option	a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State legree felony as provided for in s.817.155. F.S.  Sandra A. Murray - Organizer/Member Typed or printed name of signee  Filing Fees: of Organization and Designation of Registered Agent al)	18 001
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