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

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

19 MAR 29 AM 9:11
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FLORIDA DEPARTMENT OF STATE
411 ALABAMA STREET
TALLAHASSEE, FLORIDA 32399

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Tri Omega Maritime LLC

Table with 2 columns: Description and Value. Rows include Certificate of Status (1), Certified Copy (1), Page Count (04), and Estimated Charge (\$160.00).

APR -1 2019
C Kinsey

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Tri Omega Maritime 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:

Donald A. W. Smith, Esq.
Name of Person
Ashcraft Franklin & Young, LLP
Firm/Company
150 Allens Creek Road
Address
Rochester, New York 14618
City/State and Zip Code
don@afy.law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald A. W. Smith 585 442-0540, ext. 314
Name of Person at 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tri Omega Maritime 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:

c/o Ocean Solutions LLC

660 Beachland Blvd. Suite 209

Vero Beach, Florida 32963

c/o Ocean Solutions LLC

5070 N. Highway A1A, Ste 270

Vero Beach, Florida 32963

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:

Corporate Creations Network Inc.
Name

11380 Prosperity Farm Road, Suite 221 E.
Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens, FL 33410
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.

Danielle Goodman, Special Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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THE CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

George W. Dorsey, III
542 White Pelican Circle
Vero Beach, FL 32967

AMBR

Cheri L. Jones
1097 Riverwind Circle
Vero Beach, Florida 32963

AMBR

Donald A. W. Smith
150 Allans Creek Road
Rochester, New York 14618

(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.)

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:

Donald A. W. Smith

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.817.135, F.S.

Donald A. W. Smith

Typed or printed name of signer

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
19 MAR 29 AM 9:11
FILED