## L19000111031

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nam	e)
(Доси	ment Number)	<del> </del>
Certified Copies	Certificates	of Status
Special Instructions to Fill	ing Officer:	

Office Use Only



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19 NPR 29 KHII: 20
SECRETARISM TERROR

N CULLIGAN MAY 8 2019

## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Totally Nautical Name of Limited L.	Mobile Marine L.L.C.
The enclosed Articles of Organization and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to	the following:
<u>Jeremy</u>	Hunsuckes ne of Person
Totally N	autical Mobile Marine, L.L.C
514 W	Helm Way
<u>Ucremyototilynautice</u> E-mail address: (to be used for fut	te and Zip Code'  LMANING. COM  ure annual report notification)
For further information concerning this matter, please call:  Jeremy Hunsticker at (40 Name of Person Area Co	1) 735-0612 de Daytine Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status C	155.00 Filing Fee & \$160.00 Filing Fee, ertified Copy itional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)
Maiting 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:

Must contain the words "Limited Lie	Mobile ability Comp	any, "L.L.C"	or "LI.C.")	<u>,                                      </u>		
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Lin	nited Liability	Company is:			
Principal Office Address:			Mailing Addres	<u>is:</u> :		
Sitw. Helm Way Casrel berry FL 32	ror	<u>816</u>	1 W. Helm	W24 4, FL 3	,270	٨.
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Ag	Agent's Signa ent. You must	ature: designate an indir	vidual or		
The name and the Florida street address of the registered a	gent are:			ESS	19	
		nsucke			19 NPR 29	
514	W. He	elm Wa	1/6	7) *		
Florida street address (				- 1	<u> </u>	
Casselberry City	FL_ State	3	7.ip		MH: 20	
Having been named as registered agent and to accept service place designated in this certificate. I hereby accept the appoin	of process for nument as res	or the above st pistered agent o	ated limited liabili and agree to act in	ty company at this capacity.	the 1	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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.,

Title:	Name and Address:
"AMBR" = Authorized Member	_
"MGR" = Manager MG R	Topamy Lynsyllac
	SIT In Helm Way
	Casselbein, FL, 32707
0 2 0 0	Mristing Hunsucker
AMB R	514 W 4/100 Way
	Cassepara Pt 32707
	(4)
	14.00.00
(Use attachment if necessary)	A desirant CONTIONAL Y
LEV: Effective date, if other than the fective date is listed, the date must left of filing.)	be specific and cannot be more than five business days prior to of 90 da
LE V: Effective date, if other than the fective date is listed, the date must leaf filing.) If the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not be
LEV: Effective date, if other than the fective date is listed, the date must leaf filing.) If the date inserted in this block does ument's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be
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LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does ument's effective date on the Department's effective date of the Department's effective date	not meet the applicable statutory filing requirements, this date will not be ment of State's records.  MGR  a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b). Florida Statutes.

Filing Fees

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)