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.

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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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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

Email Address:

<u>FLORIDA LIMITED LIABILITY CO.</u>

N N MARINE SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	N N MARINE SER	RVICES LLC		
(Must co	ontain the words "Limited Lia	ability Company, "	L.L.C.," or "LLC.")	-
RTICLE II - Address:				
he mailing address and stree	et address of the principa! offic	ce of the Limited L	lability Company is:	
Princ	cipal Office Address:		Mailing Address:	
114238 NW 19 ST	TREET	SAME	<u>:</u>	
PEMBROKE PIN	ES, FL 33028			•
RTICLE III - Registered A	Agent, Registered Office, &	Registered Agent	's Signature:	-
The Limited Liability Compa nother business entity with a	Agent, Registered Office, & I my cannot serve as its own Re in active Florida registration.) et address of the registered ag	gistered Agent. Yo	's Signature: ou must designate an individual or	19 MAY
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The Limited Liability Compa nother business entity with a	iny cannot serve as its own Rein active Florida registration.) et address of the registered ag NOEL: N 14238 NW 19 STREET	gistered Agent. Yo cont are: NAZARIO lame	ou must designate an individual or	MAY 16 PM 3:

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)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	NOTE MAZARIO
AMBR	NOEL NAZARIO 14238 NW 19 STREET
	PEMBROKE PINES, FL 33028
	PENIDNONE PRIES, TE 33026
	
(Use attachment if necessary)	
,	
TIF V. Effective date if other than the	date of filing: 05/04/2019 (OPTIONAL)
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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)