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(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7

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COVER LETTER

TO:	New Filing Section Division of Corpora	tions			
014B.H	Eagle Marine D	Detailing			
SUBJI	ЕСТ:	Name of Lim	nited Liabilit	y Company	
The er	nclosed Articles of Orga	nization and fee(s) are	submitted (or filing.	
Please	return all corresponden	ice concerning this ma	tter to the fo	llowing:	
	Ashley Heyna				
	•		Name of I	Person	
			Firm/Con	npany	
	3222 SE Hibisco	ıs Street			
			Addre	ss	
	Stuart, Florida 3	4997			
	Factomesian cab		ity/State and	Zip Code	
	Eaglemarine.ash E-mai	il address: (to be used	for future ar	nual report notificati	on)
For furt	her information concerr				
	Ashley Heyna		1997	7722630295	
	Name of		rea Code	Daytime Telephone	Number
Enclos	sed is a check for the fo	Howing amount:			
	25.00 Fiting Fee 🔲	\$130.00 Filing Fee & ertificate of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailing Ad</u>	•		Street Address	
	New Filing Division of	Section Corporations		New Filing Section Di The Centre of Tallaha	
	P.O. Box 63			2415 N. Monroe Stree	et, Suite 810
	Tallahassee		•	Γallahassee, FL 3230	3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Eagle Marine Detai			
(Must	conatin the words "Limited Lial	oility Company, "	L.L.C" or "LLC.")
ICLE II - Address: mailing address and stre	eet address of the principal offic	e of the Limited	Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
		3222 5	SE Hibsicus Street
3222 SE Hibsicus 5	Street	0	JE THOUGHT COUCH.
Stuart, Florida 3499 TCLE H1 - Registered Limited Liability Com- ner business entity with	Agent, Registered Office, &	Stuart Registered Agent. Y	, Florida 34997
Stuart, Florida 3499 TCLE H1 - Registered Limited Liability Com- ner business entity with	I Agent, Registered Office, & I pany cannot serve as its own Re n an active Florida registration.) treet address of the registered ag	Registered Agent Stuart Agent	, Florida 34997 t's Signature:
Stuart, Florida 3499 TCLE H1 - Registered Limited Liability Com- ner business entity with	I Agent, Registered Office, & I pany cannot serve as its own Re n an active Florida registration.) treet address of the registered ag	Stuart Registered Agent. Y	, Florida 34997 t's Signature:
Stuart, Florida 3499 TCLE H1 - Registered Limited Liability Com- ner business entity with	Ashley Heyna	Registered Agent. Y gent are:	t's Signature: ou must designate an individual or
Stuart, Florida 3499 TCLE H1 - Registered Limited Liability Com- ner business entity with	I Agent, Registered Office, & I pany cannot serve as its own Renan active Florida registration.) Treet address of the registered agency Heyna Ashley Heyna 3222 SE Hibsucs Street	Registered Agent. Y gent are:	t's Signature: ou must designate an individual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

7

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
Ashley Heyna	3222 SE Hithiscus Street Stuart.Flonda 34997
	Straut's louda 24681
	1.
	· · ·
	7-4
	
V: Effective date, if other than the ctive date is listed, the date mus	he date of filing: 12/08/2019 (OPTIONAL) t be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ctive date is listed, the date must of filing.) The date inserted in this block document's effective date on the Department.	t be specific and cannot be more than five business days prior to or 90 as not meet the applicable statutory filing requirements, this date will no
ective date is listed, the date mus	t be specific and cannot be more than five business days prior to or 90 as not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Depart. EVI: Other provisions, if any. REQUIRED SIGNATURE:	t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will no riment of State's records.
EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Department's effective date on the Department's effective date. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document is Lam aware that a	t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will no runent of State's records.
EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Department's effective date on the Department's effective date. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document is Lam aware that a	es not meet the applicable statutory filing requirements, this date will no remember or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State it degree felony as provided for in s.817.155, F.S.

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)