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SECRETARY OF STATE

N CULLIGAN JAN 1 5 2020

## 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 140245 10910A AUTHORIZATION : ORDER DATE: January 14, 2020 ORDER TIME : 2:15 PM ORDER NO. : 140245-005 CUSTOMER NO: 10910A DOMESTIC FILING NAME: PRINCESS MARINE, LLC. EFFECTIVE DATE: \_\_\_ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

XX\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS:

## \_ COVER LETTER

		w Filing Sec vision of Co					
	SUBJECT:		larine, LLC				
	5,,001,01	· ·			ited Liabili	ty Company	
.n .r.	e. 6-	-	. <del> </del>	•• •			
	The enclose	ed Articles of	Organization and	fee(s) are	submitted	for filing.	
	Please retur	n all corresp	ondence concernin	g this ma	tter to the fo	ollowing:	
		Roger Brow	'n				
			•		Name of	Person	
		Princess Ma	irine, LLC				
				-	Firm/Cor	npany	·····
		4314 Tranq	uility Dr.				
					Addre	ess	
		Highland Be	each, FL 33487				
	i	Roger3265@	aol.com	Ci	ty/State and	l Zip Code	
	_			be used	for future a	nnual report notification	on)
	For further in		ncerning this matt			•	•
		Roger Brown	n	56 at (	i	302-6086	
	•	Nan	ne of Person		ea Code	Daytime Telephone	Number
	Enclosed is	a check for t	he following amou	int:			
	□\$125.00	Filing Fee	■\$130.00 Filin Certificate of S		Certifie	i.00 Filing Fee & ed Copy el copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		New F Divisi P.O. B	ng Address Filing Section on of Corporations Fox 6327 assee, FL 32314	;		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Fallahassee, FL 3230	ssee at, Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Princess Marine, LLC.	
(Must conatin the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	
Principal Office Address:	Mailing Address:
4314 Tranquility Dr.	4314 Tranquility Dr.
Highland Beach, FL 33487	Highland Beach, FL 33487

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

1-5-1

(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:

4314 Tranquility Dr.			<u> </u>
Florida street address	s (P.O. Box <u>NOT</u> ac	cceptable)	5
Highland Beach	FL	33487	(
City	State	Zip	<u> </u>

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)

2020 JAN 14 AM 10: 57

Title:		Name and Address:
	uthorized Member	
"MGR" = Ma	nager	
MGR		Roger Brown
		4314 Tranquility Dr. Highland Beach, FL 33487
	•	riiginand beach, 11, 35467
		<u> </u>
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		$\mathbb{T}^n$ $\omega$
	<del></del>	
EV: Effective		date of filing: (OPTIONAL)
JE V: Effective fective date is I of filing.) If the date insertment's effective LE VI: Other process.	e date, if other than the isted, the date must be ded in this block does not determined at the date on the Department ovisions, if any.	e specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be leent of State's records.
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LE V: Effective fective date is I of filing.) If the date inser ument's effective LE VI: Other pr	e date, if other than the isted, the date must be sed in this block does not be date on the Department ovisions, if any.  SIGNATURE:  Signature of a This document is explain a ware that any	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State

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)