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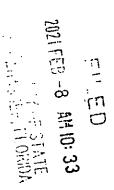
(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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	ing Section of Corporations		
SUBJECT:	Sewell Mo	vine 126	
NOBSECT.	Name of Lin	nited Liability Company	
The enclosed Arti	cles of Organization and fee(s) are	e submitted for filing.	
Please return all c	orrespondence concerning this ma	itter to the following:	
	Sewe	Name of Person	
		Name of Person	
		Firm/Company	
·	1105	Parker Dr. Address	
		Address	
	Poroma C	ity FL 32401	
	C Sewell	ity FL 32401 ity/State and Zip Code Marine LLL O gmail. L	OM
		for future annual report notification	
For further informa	tion concerning this matter, please	e call:	
Se	well Sapp and	350 , 769 - 172	7
		rea Code Daytime Telephone	
Enclosed is a chec	k 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 Corporation Clifton Building 2661 Executive Center	<u> </u>
		Tallahassee, FL 32301	<u> </u>

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Sovell Marine	LLL
(M	ust conatin the words "Limited Liability C	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address The mailing address and	: street address of the principal office of the	e Limited Liability Company is:
	Principal Office Address:	Mailing Address:
1105	Parker Dr	Panama Lity FL 324

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Sewell Soff

Name

1105 Parker DC

Florida street address (P.O. Box NOT acceptable)

Panamo City FL 32401

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 FES -8 MH IO: 33

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	<i>(</i>
MGR	Sevell SGIP
	HOS PORKER OF. HORING CITY FL 34101
	- FURTING C. 11 1 1 33401
	
(Use attachment if necessary)	
ocument's effective date on the Departm [CLE VI: Other provisions, if any.	en or state s records.
REQUIRED SIGNATURE: ()	
<u> </u>	
<u> </u>	well 2011
	member or an authorized representative of a member.
This document is exc	ecuted in accordance with section 605,0203 (1) (b), Florida Statutes.
I am aware that any t	alse information submitted in a document to the Department of State
	gree felony as provided for in s.817.155, F.S.
$\supset_{\mathcal{C}}$	ewell Sapp
	Typed or printed name of signee
	Filling Fees:
	Filing Fees: Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional	Filing Fees: Organization and Designation of Registered Agent
	Filing Fees: Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional	Filing Fees: Organization and Designation of Registered Agent D