To: 185061 6381 From: 12147128131 Date: 02/09/22 Time: 10:17 PM Page: 01/04

2/9/22 7 to PM



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.

(((H220000537383)))



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 : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 : (844)386-0178 Phone : (214)317-4754 Pax Number

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

Email Address:\_

# FLORIDA LIMITED LIABILITY CO.

#### GTW MARINE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01

https://efile.sunbs.comps/efilcovrexe

1/2

S. CHATHAM

To: 18506176381 From: 12147128131 Date: 02/09/22 Time: 10:17 PM Page: 02/04

2/9/22 2 to PM

Devision of Corporations

Estimated Charge \$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

SERRELARY OF ST

https://efile.sunbi.com/scn.pts-efilcovir.exe

2/2

(((H22000053738 3)))

22 FEB 10 AM 1: 04

ARTICLES OF ORGANIZATION SECRETARY OF STATE FOR FOR FLORIDA LIMITED LIABILITY COMPANY

# ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

GTW MARINE, LLC

## ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY IS:

286 N. FRESNO AVENUE HERNANDO, FLORIDA 34442

### ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

STEPHEN GRANT 286 N. FRESNO AVENUE HERNANDO, FLORIDA 34442

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, FLORIDA STATUTES.

DATED: 12-05-2022

DIEI HEN OKANI

To: 18506176381 From: 12147128131 Date: 02/09/22 Time: 10:17 PM Page: 04/04

(((H22000053738 3)))

### **ARTICLE IV - MANAGEMENT**

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

MANAGER/MEMBER:

STEPHEN GRANT

286 N. FRESNO AVENUE HERNANDO, FLORIDA 34442

DATED: \_ OR - 05-1062

STEPHEN GRANT

IN ACCORDANCE WITH SECTION 605.0203(1)(b), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

22 FEB 10 AM 1: 04
SECRETARY OF STATE