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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number : I20200000016 Phone : (954)903-4036 Fax Number : (954)246-0340

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

Email Address: nathaly coartas @taxcareinc.com

18 AM II: 07

# FLORIDA LIMITED LIABILITY CO. L.M.G Marine Services LLC

| Certificate of Status | 0        |
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#### **COVER LETTER**

| TO:       | New Filing Section Division of Corporations |  |                          |
|-----------|---|--|--------------------------|
| SUBJE     | CT:   | L.M.G Marine Services LLC  | ·                        |
| , .       |   | Name of Limited Liability Company  |                          |
| The enc   | losed Articles of Organization              | and fec(s) are submitted for filing.   |                          |
| Please re | eturn all correspondence conc               | erning this matter to the following:   | ~                        |
| •         |   | Luis Marino Gonzalez   | 122 J                    |
|           |   | Name of Person   |                          |
|           | ·   | L.M.G Marine Services  |                          |
|           |   | Firm/Company   | <del>一面</del><br>- 554 ( |
|           |   | 411 SE 4th Street  | 黃為                       |
| •         |   | Address  | <del></del> .            |
|           |   | Dania Beach, FL, 33004   |                          |
|           |   | City/State and Zip Code nathaly cuartas@taxcareinc.com                             |                          |
| · · ·     | E-mail address                              | (to be used for future annual report notification)                                 |                          |
| or furthe | r information concerning this               | natter, please call:   |                          |
|           | Nathaly Cuartas                             | . 954 9034036  |                          |
|           | Name of Person                              | Area Code Daytime Telephone Number   |                          |
| Enclosed  | l is a check for the following a            | mount:   |                          |
| 屬\$125.   | 00 Filing Fec ☐\$130.00 Certificate         | Filing Fee & S155.00 Filing Fee & S160.00 F of Status Certified Copy Certificate o | f Status &<br>py         |

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

|  | L.M.G Marine Se  | rvices U.C.   | •                       |
|--|--|---|-------------------------|
| (Must cor  |  | ty Company, "L.L.C.," or "LLC.")  | <del></del>             |
| RTICLE II - Address:   |  | f the Limited Liability Company is:   |                         |
| •  | pal Office Address:  | Mailing Addre   | <u>ss</u> :             |
| 411 SE 4th Street  | <del></del>  | 411 SE 4th Street   |                         |
| Dania Beach, FL, 3.  | SOUV   |   | <del></del>             |
| . Dama Deach, I.L. J.  | 7004   | Dania Beach, FL, 33004  | •                       |
| RTICLE III - Registered Ag   | gent, Registered Office, & Reg<br>y cannot serve as its own Regist   | istered Agent's Signature   | vidual or > :           |
| RTICLE III - Registered Agine Limited Liability Companiother business entity with an | gent, Registered Office, & Reg<br>y cannot serve as its own Regist<br>active Florida registration.)  | istered Agent's Signature:<br>ered Agent. You must designate an indi                      | vidual or >             |
| RTICLE III - Registered Agine Limited Liability Companiother business entity with an | gent, Registered Office, & Reg<br>y cannot serve as its own Regist<br>active Florida registration.)<br>address of the registered agent   | istered Agent's Signature:<br>ered Agent. You must designate an indi<br>are:              | vidual or 850           |
| RTICLE III - Registered Agine Limited Liability Companiother business entity with an | gent, Registered Office, & Reg<br>y cannot serve as its own Regist<br>active Florida registration.)  | istered Agent's Signature:<br>ered Agent. You must designate an indi<br>arc:<br>oke Pines | vidual or SSCI CERT     |
| RTICLE III - Registered Agine Limited Liability Companiother business entity with an | gent, Registered Office, & Reg<br>y cannot serve as its own Regist<br>active Florida registration.)<br>address of the registered agent<br>Tax Care Pembro  | istered Agent's Signature:<br>ered Agent. You must designate an indi<br>arc:              | vidual or SSCEL FLORIDS |
| RTICLE III - Registered Agine Limited Liability Companiother business entity with an | gent, Registered Office, & Reg<br>y cannot serve as its own Regist<br>active Florida registration.)  address of the registered agent  Tax Care Pembro  | istered Agent's Signature: ered Agent. You must designate an indi arc: oke Pines          | vidual or SSCEL FLORIDS |
| RTICLE III - Registered Agine Limited Liability Companiother business entity with an | gent, Registered Office, & Reg y cannot serve as its own Regist active Florida registration.)  address of the registered agent  Tax Care Pembro Name  12555 Orange D  Florida street address (P.O. | istered Agent's Signature: ered Agent. You must designate an indi arc: oke Pines          | vidual or ASSIC         |

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)

(Use attachment if necessary)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

# REQUIRED SIGNATURE:

## 4 lus Hanno Gonzales

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

## 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)