

L24000340546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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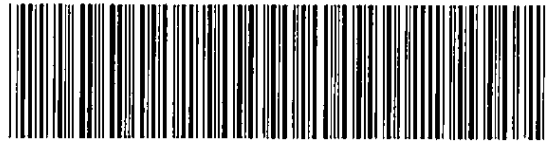
(Business Entity Name)

(Document Number)

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2024 AUG -8 AM 9:47

STATE
FALLAHASSIL, LOMA

RECEIVED

2024 AUG -8 PM 3:40

STATE
FALLAHASSIL, LOMA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 125.0

ORDER DATE : 08/08/24

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

FILED
2024 AUG -13 AM 9:47
TALLAHASSEE, FL

DOMESTIC FILING

NAME: Doc's Marine Legacy, LLC

EFFECTIVE DATE:

- ☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- ☒ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON:

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Doc's Marine Legacy, LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>c/o DLA Piper, Eric Grossman</u>	<u>c/o DLA Piper, Eric Grossman</u>
<u>11911 Freedom Dr, Ste 300</u>	<u>11911 Freedom Dr, Ste 300</u>
<u>Reston, VA 20190</u>	<u>Reston, VA 20190</u>

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

<u>Corporation Service Company</u>		
Name		
<u>1201 Hays Street</u>		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
<u>Tallahassee</u>	<u>FL</u>	<u>32301</u>
City	State	Zip

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TALLAHASSEE, FL

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.
Corporation Service Company

By Shauna Godbolt

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Eric Grossman
c/o DLA Piper, 11911 Freedom Dr, Ste 300
Reston, VA 20190

REQUIRED SIGNATURE:

Signed by:

Eric Grossman

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.

Eric Grossman

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) FIN-61229