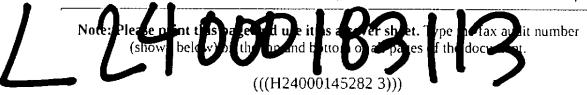
Fax: 8134365206

Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**





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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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. ServiExpress Maritimes US LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00





Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

ServiExpress Maritimes US 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:

Principal Office Address:

Mailing Address:

7901 4th St N 7901 4th St N STE 300 STE 300 St. Petersburg FL 33702 St. Petersburg FL 33702

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:

Northwest	Registered	Agent	LLC
-----------	------------	-------	-----

	Name	-
7901 4th St N	STE 300	
Florida street addres	ss (P.O. Box No	OT acceptable)
St. Petersburg	FL	33702
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)

FILED
1014 MPR 22 PH 12: 16
SECURETARY OF STATE
TALL AHASSEF STATE

Title: "AMBR" = Authorized Member	Name and Address;
"MGR" = Manager	
AMBR	MAYORGA HURTADO, TOMAS ALEXANDER
	7901 4th SEN STE 300
	St_Petersburg_Et_337.02
If an effective date is listed, the date must be be date of filing.)	date of filing:
ARTICLE VI: Other provisions, if any.	
	<u></u>
REQUIRED SIGNATURE:	Nat Swith
Signature of a This document is ex	member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b). Florida Statutes.
I am aware that any f	false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
I am aware that any f	talse information submitted in a document to the Department of State egree felony as provided for in s.817.155. F.S. Smith

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)