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Yp

## TRANSMITTAL LETTER

Division of Cor				
SUBJECT: Elite Mari	ne Yacht Services, LLC			
	<del></del>			
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.		
Please return all correspond	ondence concerning this matt	er to the following:		
Joel M. K	(oppenhoefer			
Joel M. Koppenhoefer (Name of Person)			<del></del>	
	•	(Firm/Company)		
2737 N. Ker	more Ave., Apt. 1F	/A 11	<del></del>	
		(Address)		
Chica	go, IL 60614			
<u></u>	(City	/State and Zip Code)	<del></del>	
		£7	TAL	2004
For further information of	concerning this matter, please	call:	CRE	另一
Joel M. Koppenhoefer		at (312 ) 446-7955	ASS.	FILEU 2004 DEC 13 PM
(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check fo	r the following amount:		-# <sup>1</sup> 0	· · · · · · · · · · · · · · · · · · ·
	<del>-</del>	CI 6155 00 EU E 9	7 *160 00 Filing F-0	2: 26
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	\$160.00 Filing Feet Certificate of Status &	Ų.
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
STRE	ET ADDRESS:	MAILING A	DDRESS:	
Registration Section		Registration S	ection	
Division of Corporations 409 E. Gaines Street		Division of Co P.O. Box 632		
Tallahassee, Florida 32399		Tallahassee, F		

## AR

ARTICLES OF ORGANIZATION F	OR FLORIDA LIMITED LIABILITY COMPANY			
ARTICLE I - Name:				
The name of the Limited Liability Comp	pany is:			
·				
Elite Marine Yacht Services, LLC				
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
	c/o Jeffrey L. Hedges			
816 Pierson Drive	816 Pierson Drive			
Lynn Haven, FL 32444	Lynn Haven, FL 32444			
Jeffrey L. Hedges	Name			
816 Pierson Drive				
Florida	street address (P.O. Box NOT acceptable)			
Lynn Haven	FL 32444			
City, State, and Zip				
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position	t and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S			

(CONTINUED)

Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Joel M. Koppenhoefer 2737 N. Kenmore Ave., Apt. 1F Chicago, IL 60614
p <del>i varantara an</del>	
<del>- 1-1</del>	
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member.
	n 608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury in are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Joel M. Koppenhoefer

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee