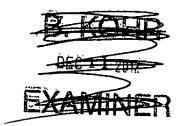
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ALLAHASSEE, FLORID

EFFECTIVE DATE 1/1/3

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Miami by Sail
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Israel Ramos Name of Person Miami by Sail
Israel Ramos
Name of Person
Miami by Sail
Firm/Company
9 Island Ave apt 911
Address Effection (1977)
Miami Beach Florida 33139
City/State and Zip Code
ramos.kamala@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kamala Ramos 2984006
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S155.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}} \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Address Registration Section Division of Corporations Street/Courler Address Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

4	RT	17	¥ '	N.I.	
Α	KT	. K.	í -	NA	me:

The name of the Limited Liability Company is:

Miami by Sail, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address

A PART OF THE PART The mailing address and street address of the principal office of the Limited Liability Compa

Mailing Address

Timeipai Office Audi ess.	Maining Address:
srael Ramos	Israel Ramos
Island Ave apt 911	9 Island Ave apt 911
Miami Beach, Fl 33139	Miami Beach, Fl 33139

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:

ISRAEL RAMOS

9 Island Ave apt 911

Florida street address (P.O. Box NOT acceptable)

Miami Beach

FL 33139 City, State, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Ma	anager	Name and Address:
	Managing Member	
MGRM		Israel Ramos
•		9 Island Ave apt 911
		Miami Beach Fl 33139
MGRM		Kamala Ramos
		9 Island Ave apt 911
		Miami Beach FI 33139
		
		
(Use attachm	ent if necessary)	
•	ent if necessary)	
LEV: Effect	ive date, if other than the	e date of filing: January 1, 2013 (OPTION
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LE V: Effect fective date is days after th REQUIRED	sive date, if other than the slisted, the date must be date of filing.) SIGNATURE: Signature of a member accordance with section 60 nstitutes an affirmation under	be specific and cannot be more than five business de specific and cannot be more than five busin

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees: