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SECRETARY OF STATE

JAN 3 0 2013 **T. HAMPTON**

COVER LETTER

	tegistration Section by Division of Corporations	
CHD ID C	United Yacht Solutions	, LLC
SUBJECT	Name	e of Limited Liability Company
The enclos	sed Articles of Organization and f	ee(s) are submitted for filing.
Please retu	urn all correspondence concerning	this matter to the following:
	Jessica Romer	
		Name of Person
		Firm/Company
	PO BOX 460762	
		Address
	Fort Lauderdale FI, 333	46
	jessicaromer@me.com	City/State and Zip Code
	E-mail add	dress: (to be used for future annual report notification)
For further	r information concerning this matt	er, please call:
Jessica	Romer	305 907-4862 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	is a check for the following amour	nt'
7	Filing Fee \$130.00 Filing For Certificate of Sta	ee & \$155.00 Filing Fee & \$160.00 Filing Fee,
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Effective Date 1/20/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limi	: ited Liability Company i:	s:			
United Yacht So	olutions LLC				
	(Must end with the word	ds "Limited Liability C	ompany, "L.L.C.," or	"LLC.")	
ARTICLE II - Addr The mailing address a	ress: and street address of the	principal office of the	Limited Liability Con	npany is:	
Principal Office Add	dress:	Mailing Address	<u>:</u>		
2868 SW 38 AV Miami FL 33134	E		OX 460762 auderdale FL		
(The Limited Liability another business enti	istered Agent, Register y Company cannot serve ty with an active Florida orida street address of the	e as its own Registered registration.)			វ
The name and the ric		e registered agent are:			
	Jessica Romer	Nome			
	0000 014/0045 4	Name			
	2868 SW 38th A	s (P.O. Box <u>NOT</u> acce	mtable)		
	Miami	· —	ŕ		
	City	_{FL} 33	Zip		
	·		•		
the place designate capacity. I further	as registered agent and to ted in this certificate, I he agree to comply with the I am familiar with and ac Registered Age	ereby accept the appoin provisions of all statute	tment as registered ag es relating to the prope my position as register	gent and agree to act i er and complete perfoi	n this rmance
	1			75 S	
	(0	CONTINUED)			$\neg \Pi$
		Page 1 of 2		HO.	

FILED
2014 JAN 27 PM 2: 43
SECRETARY OF STATE

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
	Jessica Romer _ AMBIL 2868 SW 38th Ave
	Miami Fi 33346
	
(Use attachment if necessary) EV: Effective date, if other than the date	e of filing: January 20, 2014
EV: Effective date, if other than the date ective date is listed, the date must be sp	e of filing: January 20, 2014 (OPTIONAL) pecific and cannot be more than five business days prior to or 9
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JE V: Effective date, if other than the date fective date is listed, the date must be sportfilling.) JE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section)	ember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this documen
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