Laa000494342

(F	Requestor's Name)
	Address)
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10	City/State/Zip/Phone #)
(0	Sity/State/Zip/Filone #)
PICK-UP	WAIT MAIL
(E	Susiness Entity Name)
(5	Document Number)
initied Conies	Certificates of Status
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Special Instructions to Fi	iling Officer:





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S. CHATHAM
S. WW 22 202

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20:21 NO: 22 NY 10: 23

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 11/22/2022	_	**WALK IN**		
ENTITY NAME EMPIRE YACHTS & CHAUFFEUR SERVICES LLC				
DOCUMENT NUMBER_				
	PLEASE FILE THE	ATTACHED AND RETURN		
XXXXXX	Plain Copy			
	Certified Copy			
	Certificate of Status			
*:		LLOWING FOR THE ABOVE ENTITY**		
	Certified Copy of Arts &			
	• • • •	Amendments Complete File (Inclading Annual Reports)		
	Certificate of Status	<i>a</i>		
	Certificate of Statas Refl	ec Gng:		
	APOSTILLE' / NC	OTARIAL CERTIFICATION		
COUNTRY OF DESTINAT	TON			
NUMBER OF CERTIFICAT	TES REQUESTED			
TOTAL OWED \$ 125		ACCOUNT # 120140000108 (City) United Corporate Services, Inc. Wissues or concerns. Thank you so much.		
Please call Tina at th	ie above number for any	y issues or concerns. Thank you so much!		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
EMPIRE YACHTS & CHAUFFEUR SERVICES	LLC_	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office o	f the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
66 White Street, 5th Floor	66 White Street, 5th Floor	
New York, NY 10013	New York, NY 10013	_
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)	sistered Agent's Signature: tered Agent. You must designate an individual or	-
The name and the Florida street address of the registered agent	are:	AON 22
United Corporate Services,	Inc.	¥0
Name	е	22
3458 Lakeshore Drive		7.5
Florida street address (P.O.	Box NOT acceptable)	

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..

Tallahassee

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Florida

State

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Mario Gazzola 66 White Street, 5th Floor New York, NY 10013
	VO. 7
	22 H
	<u></u>
(Use attachment if necessary)	
ective date is listed, the date must be sp of filing.)	of filing:
E VI: Other provisions, if any.	of State's records.
REOUIRED SIGNATURE:	

Typed or printed name of signee

Mario Gazzola