

M22000012490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

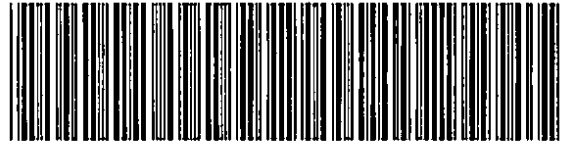
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08/09/22--01004--002 **25.00

2024 AUG -4 PM 4:15

S. FRANKLIN

AUG 10 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Got Yachts, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Douglas C. Broeker, Esq.

Name of Person

Douglas C. Broeker, P.A.

Firm/Company

12700 Biscayne Blvd., Suite 402

Address

Miami, FL 33181

City/State and Zip Code

docservice@broekerlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas C. Broeker, Esq.

305

374-5623

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

2024 JUN -4 PM 4:15

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Got Yachts, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Massachusetts
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. March 19, 2022
(Date first transacted business in Florida to registration.)
(See sections 605.0904 & 605.0905, F.S., for minimum penalty liability)

5. 268 NEWBURY ST., 4TH FLOOR
(Street Address of Principal Office)

6. 268 NEWBURY ST., 4TH FLOOR
(Mailing Address)

BOSTON, MA 02116

BOSTON, MA 02116

2024 MAR -4 PM 4:15

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

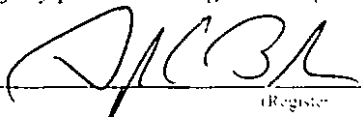
Name: Douglas C. Broeker, Esq.

Office Address: 12700 Biscayne Blvd., Suite 402

Miami 33181
(City) Florida (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: NICHOLAS J. FIORILLO

☐ Member Address: 268 NEWBURY ST.

☐ Authorized 4TH FLOOR

Person BOSTON, MA 02116

☐ Other _____ ☐ Other _____

☐ Manager Name: NEIL KREUZER

☐ Member Address: 268 NEWBURY ST.

☒ Authorized 4TH FLOOR

Person BOSTON, MA 02116

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

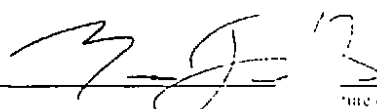
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing a Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

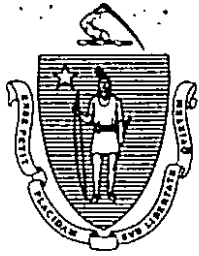
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Nicholas J. Fiorillo

Printed or printed name of signer



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: July 12, 2022

To Whom It May Concern :

I hereby certify that a certificate of organization of Limited Liability Company was filed
in this office by

GOT YACHTS, LLC

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on
November 08, 2021.

I further certify that said Limited Liability Company has not filed a Certificate of Cancellation;
that said Limited Liability Company has not been administratively dissolved; and that, so far as
appears of record, said Limited Liability Company has legal existence.

2024 JUL -14 PM 4:15



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 22070233560

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: NMa



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2022

DOUGLAS C BROEKER
12700 BISCAYNE BLVD STE 402
MIAMI, FL 33181 US

SUBJECT: GOT YACHTS, LLC
Ref. Number: W22000096484

We have received your document for GOT YACHTS, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 922A00016483

RECEIVED
AUG 04 2022