Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000008742 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

Email Address:

: (305)552-5973

Fax Number

: (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

FLORIDA LIMITED LIABILITY CO. SUPREME YACHT CRUISER LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

JAH 13 2015 J.BKUCE

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

		4.7	
ARTICI	. K. T	- Name	ŕ

The name of the Limited Liability Company is:

SUPREME YACKT CRUISER LLC.

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

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3100 STATE RD.84 BAY 306 PT LAUDENDALE EL 33312

DOLOSU 5 PAVE PLANTATION FL 3331

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:

KAREM T FIGUEROA

2.060 SW 59 AUENUE
Florida street address (P.O. Box NOT acceptable)

PLANTATION FL FLORIDA 33317
City Zip

Having been named as registered agent and to accept service of process for the above stated limited dubility compared 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H15000000 342

		_	Name and Address:		1	- 11	
	"AMBR" = Authorized "MGR" = Manager	Member					
	MGR.		KAREM I EIGUEROH		Ì		
•			PLANTATION, FL 333/7			╢	
		•		·			
	ANTR	• •	MARCO ANTONIO DELGADO SON	LiA		-]]	
			2060SW 59 AUE- PLANTAFION, FL 32317		-	-	
		•	V C S R 1 8 1 1 0 0 1 1 - 3 5 3 1 /				ł
		_	<u> </u>		}		ĺ
	•					li	ĺ
		•			1		
		•		 -	1	-	1
	•	,				- {}	ł
	٠.				:	- }\	}
	(Use attachment if nece	ssary)			Į	[]	1
A DTICT	I P.V. Effective data if a	ther than the date of filing	z: , (OPTIONA			ľ	
(If an ef	Sective date is listed, the	date must be specific a	nd cannot be more than five business days prior		days a	ifter	1
the date	of filing.)			=	:		
ARTIC	LE VI: Other provisions,	if any.			2015		il .
	,		<u> </u>	<u> </u>			
				- K.	- \$	-	
				<u> </u>	2	7	
	REQUIRED SIGNAT	URE:		<u></u> 6	D		
:	,	سبر . `	Time Time	50	AH		5
	S	ignature of a member o	r an authorized representative of a member.	至至	9.	C	
	(In accordance	e with section 605 0203	(1) (b), Florida Statutes, the execution of this doc	men	35		
	constitutes an	i attirmation inder the pe lat any false information :	maities of perjury that the facts stated herein are to submitted in a document to the Department of Sta	rue. Ite			
	I am aware th						
	I em aware th constitutes a	third degree felony as pro	ovided for in s.817.155, F.S.)			1	
	I em aware the constitutes a t	third degree felony as pro	m I FIGUEROA or printed name of signee			!	

Page 2 of 2

675000008F4