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.

(((H190001660453)))



H190001660453ABC%

**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)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

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

Email	Address:	 

## FLORIDA LIMITED LIABILITY CO. ANDIAMO YACHT LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

20191117 22 PH 12: U.3

Electronic Filing Menu

Corporate Filing Menu

Help

DIVISION SPECIAL OF 25

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CUMPANY

IICLE I - Name:	
name of the Limited Liability Company is:	
ANDIAMO YACHT LLC	
Of the state of th	
TCLE II - Address:	lity Company, "L.L.C.," or "LLC.")
TICLE II - Address: mailing address and street address of the principal office of	f the Limited Liability Company is:
TCLE II - Address:	
TICLE II - Address: mailing address and street address of the principal office of  Principal Office Address:  2201 COLLINS AVENUE UPPER PH 1	f the Limited Liability Company is:  Mailing Address:
TICLE II - Address: mailing address and street address of the principal office of Principal Office Address:	f the Limited Liability Company is:

The name and the Florida street address of the registered agent are:

RANDY FRANKEI		
	Name	
2201 COLLINS AV	ENUE UPPER PH	1
Florida street addres	s (P.O. Box <u>NOT</u> a	eceptable)
МІАМІ	FL	33139
City	State	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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

BIVERS IF CHARGE 25

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	D (ATAU TIN AATUTY
MGR	RANDY FRANKEL
	2201 COLLINS AVENUE UPPER PH 1
	MIAMI BEACH, FL 33139
	The state of the s
	,
(Time attachment if management)	
E V: Effective date, if other than the date active date is listed, the date must be spe	of filing: (OPTIONAL) sciffe and cannot be more than five business days prior to or 5
ective date is listed, the date must be sport filling.)  'the date inserted in this block does not not ment's effective date on the Department of	ecific and caunot be more than five business days prior to or s neet the applicable statutory filing requirements, this date will n
EV: Effective date, if other than the date settive date is listed, the date must be sport filling.)  the date inserted in this block does not not ment's effective date on the Department of EVI: Other provisions, if any.	ecific and caunot be more than five business days prior to or f neet the applicable statutory filing requirements, this date will n
EV: Effective date, if other than the date active date is listed, the date must be sport filling.) the date inserted in this block does not nonent's effective date on the Department of EVI: Other provisions, if any.  REQUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will not State's records.
E V: Effective date, if other than the date crive date is listed, the date must be spif filing.) the date inserted in this block does not neart's effective date on the Department of VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is executed.	neet the applicable statutory filing requirements, this date will not State's records.  The state of the applicable statutory filing requirements, this date will not State's records.  The state of the applicable statutory filing requirements, this date will not state of state of the state o
E.V: Effective date, if other than the date ctive date is fixed, the date must be spe f filing.) the date inserted in this block does not numer's effective date on the Department of VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is executed and any false.	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State
E V: Effective date, if other than the date ctive date is listed, the date must be spif filing.) the date inserted in this block does not numer's effective date on the Department of EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree	mber or an authorized representative of a member.  ed in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State is felony as provided for in s.817.155, F.S.
E V: Effective date, if other than the date ctive date is listed, the date must be spif filing.) the date inserted in this block does not numer's effective date on the Department of EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State

Page 2 of 2