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JoAnn Cole P.O. Box 2066 Palm Beach, FL 33480

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Office Use Only

CORPORATION NAME(S)	& DOCUMENT NUMBER	(S), (if known):
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3	(Corporation Name)	(Document#)	eden. September September	# . _ <u>* * </u>
Walk in Mail out MEW FILING Profit Not for Pro Limited Lia Domesticat: Other	fit ability	(Document #) Photocopy AMENDMENTS Amendment Resignation of R. Change of Regist Dissolution/With Merger	Certified Copy Certificate of Status A., Officer/Director tered Agent drawal	SECRETARY OF STATE DIVISION OF CORPORATIONS
OTHER FILIN Annual Rep Fictitious N	ort	REGISTRATION/Q Foreign Limited Partnersh Reinstatement Trademark Other		

CR2E031(7/97)

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FEDERAL	
ARTICLE I - Name: The name of the Limited Liability Company is: YACHTSPA Ltd. (
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability - P.O. BOX 2066, PALM BEACH - FL 33480 2560 5. OCEAN Blvd. #409 PAIM Beach, FL 33480 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign	
The name and the Florida street address of the registered agent are:	
JO ANN COLE	
JO ANN COLE Name Name Name Name Name Name Name Name No. Box No. H. 409 Florida street address (P.O. Box NOT acceptable) PAIM Beach, FL 334,80 City, State, and Zip	
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter accept the obligations of my position as registered agent.	provisions of all iliar with and
Registered Agent's Signature	SEC VISIO 12 AL
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more matherefore, a manager - managed company.	ECRETARY OF STATE SION OF CORPORATIONS AUG 26 SAM II: 39
A vised representative of a member.	* ** *********************************
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Robert Rosen baum Typed or printed name of signee Filing Fees:	
\$100.00 Filing Fee for Articles of Organizatio \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	n
125. TOTAL	
125 TOTAL	