

**L030000019768**

Kal von Gal  
P.O. Box 662  
Vero Beach, FL  
32961

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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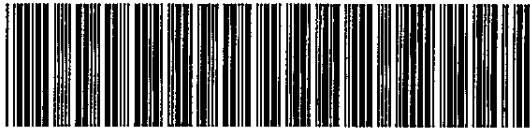
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Assistant/Agentment

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 JUN -2 PM 5:09

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*Supplied*



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 13, 2003

KAL VON GAL  
P.O. BOX 662  
VERO BEACH, FL 32967

SUBJECT: SOUTH FLORIDA BOAT CARE  
Ref. Number: W03000013689

We have received your document for SOUTH FLORIDA BOAT CARE and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 703A00029423

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: South Florida Boat Care L.L.C.

### ARTICLE II - Address:

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

P.O. Box 662 Vero Beach, FL. 32961

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Michael C. Gillen

Name

165 32nd Ave

Florida street address (P.O. Box **NOT** acceptable)

Vero Beach FL 32968

City, State, and 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 608, F.S.

[Signature]

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Kal von Gal

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.)

Kal von Gal

Typed or printed name of signee

### Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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03 JUN 20 PM 5:09  
SECRET  
TALLAHASSEE  
FLORIDA