

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

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.

(((H03000244897 2)))

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

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number (850)222-9428

LIMITED LIABILITY COMPANY

Conqueror Power Boats LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

ĊЭ

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CONQUEROR POWER BOATS LLC

ARTICLE II - Address:

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

6716 NW 72ND AVENUE, MIAMI, FLORIDA 33166

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

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

CT Corporation System

Name
c/o CT Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)
Plantation
FL 33324

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.

Registered Agent's Signaport SESSEURY

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3). Florida Stantes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Educated M KAPIAN
Typod or printed number of signer

FILING FEES: \$ 100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

5 25.00 Designation of Registered Agent 5 30.00 Certified Copy (OPTIONAL) 5 5.00 Certificate of Status (OPTIONAL)