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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

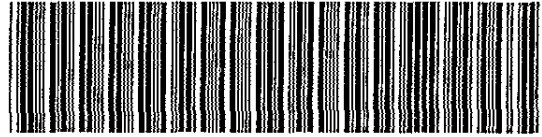
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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[Signature]

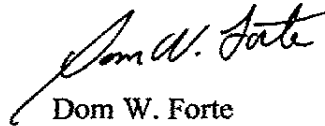
Forte's Inboard Connection
2552 20 Avenue North
St. Petersburg, FL 33713

Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern,

Please find enclosed a Transmittal Letter, Articles of Organization for Florida Limited Liability Company, and a check for \$160.00 to cover filing fees. If there are any questions please call me at (727) 327-3122.

Sincerely,



Dom W. Forte
Registered Agent

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fortes Inboard Connection, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dom W. Forte
(Name of Person)

Fortes Inboard Connection, LLC
(Firm/Company)

2552 20th AVE N.
(Address)

St. Petersburg, FL 33713
(City/State and Zip Code)

For further information concerning this matter, please call:

Dom W. Forte at (727) 327-3122
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY D. J. JAMES
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Forte's Inboard Connection, LLC

ARTICLE II - Address:

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

Principal Office Address:

2552 20th AVE N.
St. Petersburg, FL 33713

Mailing Address:

2552 20th AVE N.
St. Petersburg, FL 33713

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

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

Dom W. Forte

Name

2552 20th AVE N.

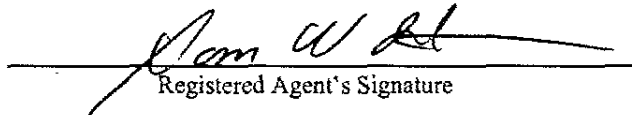
Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg, FL 33713

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Clide M. Forte
2552 20th AVE. N.
St. Petersburg, FL 33713

MGR

Dom W. Forte
2552 20th AVE. N.
St. Petersburg, FL 33713

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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Clide M. Forte Dom W. Forte
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.)

Clide M. Forte Dom W. Forte
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)