

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

4/25 FILC

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.

(((H04000133823 3)))

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)205-0383

From:

Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904)359-2000
Fax Number : (904)359-8700

OF JUN 28 PAR 8: 22

LIMITED LIABILITY COMPANY

Harbormaster Holdings, LLC

Certificate of Status	O
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

P. 2 p.3

FAX AUDIT NO. H04000133823 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: HARBORMASTER HOLDINGS, LLC

ARTICLE II - Address of Principal Office:

The street address of the principal office of the Limited Liability Company is: 144 Harbormaster Court, Ponte Vedra Beach, FL 32082

ARTICLE III - Mailing Address of Limited Liability Company:

The mailing address of the Limited Liability Company is 144 Harbormaster Court, Ponte Vedra Reach, FL 32032.

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

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

D. Larry Lemasters

Name

144 Harbormaster Court

Florida street address (P.O. Box NOT

acceptable)

Ponte Vedra Beach, FL 32082

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 outlificate, 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 completed performance of may duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

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 pensities of perjury that the facts stated herein are true.)

D. Larry Lemasters, member

Typed or printed name of signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization \$25.69 Designation of Registered Agent \$30.00 Certified Copy (OPTIONAL) 55.00 Certificate of Status (OPTIONAL)