

(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:
t , u_{c}

Office Use Only



600043516766

12/30/04--01007--016 **125.00

TRANSMITTAL LETTER

Division of Corporations					
SUBJECT: MI CHARL'S	YACHT T	TRANSPORT	LLC	EU (20 20 10 2)	5
Division of Corporations SUBJECT: MI CHARL'	(Name of Limit	ed Liability Compa	ny)		
The enclosed Articles of Organiza				,	- /
Please return all correspondence c	oncerning this mat	ter to the following:			
MICHAEL	BARTK	υs.			
		(Name of Person)			
MICHAEL Y	ACHT TI	ANUMON:	4	2	
MICHAEL Y.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Firm/Company)			
	RACHAEL	Beuz (Address)			
13105	RACARE	BLUD			
		(Address)			
ALAC	HUA FL	y/State and Zip Code)	< 326	15	
. " -	(City	y/State and Zip Code)	1		
For further information concerning	g this matter, please	e call:			
M- Lange		. 611	213 -	410 ₀	
Name of Person)		_ at (& Daytime Te	lephone Number)	
Enclosed is a check for the following	owing amount:				
\$125.00 Filing Fee \$130	-	z □ \$155.00 Fil	ina Fee &	☐ \$160.00 Filing Fee,	
Certific	cate of Status	Certified Copy (additional copy is	,	Certificate of Status & Certified Copy (additional copy is enclosed)	
STREET ADD	RESS:	7	MAILING A	DDRESS:	
Registration Sec	ction	F	Registration S	ection	
Division of Corp 409 E. Gaines S			Division of Co P.O. Box 6327		
Tallahassee, Flo			Tallahassee, F		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	1. 1. 1. 1. 1. 1.
MICHAEL YACHT TRANSPORT, LLC	
•	

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

Principal Uffice Address:	Mailing Address:
13105 RACUAGE BLVD.	P.O. Box 1570
ALACHUA PL.	ALACHUA, FL.
32615	32615

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

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

ARTICLE I - Name:

ARTICLE II - Address:

M. C.M. S. M. TRUS

· Name

/ 3105 RACA AGE BLUD

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

ALACHUA FL 32611

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..

Sent's Signature

(CONTINUED)

	of each Manager or Managing Member is as follows:	** **
Title: "MGR" = Manager "MGRM" = Managing	Name and Address:	20 4) 20 4 2 3: 51
MGK		
1,),	MICHAEL BARTKUS 13105 RACHAEL BLVD ALACHUA, FL 32611	— Marina —
		_ _
		_
(Use attachment if nece		_
NOTE: An additional REQUIRED SIGNAT	l article must be added if an effective date is requested. URE:	
	here of a member or an authorized representative of a member.	
of this	cordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)	
	Typed or printed name of signee	
Filing Fees:		
\$125.00 Filing Fee for A of Registered \$ 30.00 Certified Copy \$ 5.00 Certificate of S	(Optional)	