

LOS000005714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

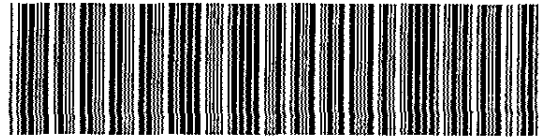
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2005 JAN 10 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LOS-5714
JL

EFFECTIVE DATE
1-9-05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YACHTSURV 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:

FRED MOORE

(Name of Person)

(Firm/Company)

2118 AUSPICE AVE

(Address)

ORLANDO, FL 32837

(City/State and Zip Code)

For further information concerning this matter, please call:

FRED MOORE

(Name of Person)

at (407) 851-7490

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

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

2008 JAN 10 PM 3:00
SECRETARY OF STATE
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:

YACHTSURV LLC

ARTICLE II – Address:

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

YACHTSURV LLC

2118 Allspice Ave.

Orlando, FL 32837

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature

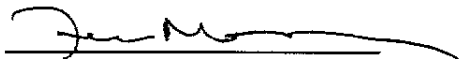
The name and the Florida street address of the registered agent is:

Fred Moore

2118 Allspice Ave.

Orlando, Fl. 32837

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..



Fred Moore

ARTICLE IV – Manager(s)

Title:

MGRM

Name & Address:

Fred Moore

2118 Allspice Ave.

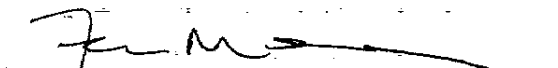
Orlando, Fl. 32837

ARTICLE V – effective date

The effective date for this limited liability company shall be:

January 9, 2005

REQUIRED SIGNATURE:



Fred Moore

2005 JAN 10 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

EFFECTIVE
1-9-05