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(Re	equestor's Name)			
(Ad	ldress)			
(Ac	idress)			
(Cir	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Na	me)		
(Do	ocument Number)		
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer: HLLC				
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Office Use Only

TRANSMITTAL LETTER

SUBJECT:	VIP BOAT CLU	B FRANCHISE LLC		
	(Name of Limited Li	ability Company)		
The enclosed	Articles of Organization and fee(s) are subm	itted for filing.		
	Please return all correspondence	concerning this matter to the following:		
HOWARD G. LEVY				
	(Nam	e of Person)		
FLORIDA BOAT, INC.				
	(Firm	(Company)		
	P.O	. BOX 10		
	(<i>f</i>	ddress)		
	OZONA, FL 34660-0010			
	(City/Stat	e and Zip Code)		
For further in	formation concerning this matter, please call			
	HOWARD G. LEVYat (727) 789-2688		
	(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

VIP BOAT CLUB FRANCE	HISE, LLC				
ARTICLE II - Address The mailing address and	:	principal	office of the Limited	Liability Company	is:
Principal Office Addre	<u>ss:</u>	-	Mailing Address:		
920 WISCONSIN AVENUE	E		P.O. BOX 10		
PALM HARBOR, FL 3468	3		OZONA, FL 34660-0	0010	
ARTICLE III - Registe The name and the Florid					
	a street address of th	e registere	d agent are:	7AC 05	Y-, 85-00
	a street address of th	e registero	d agent are:		1. j
	a street address of the	ne registero D G. LEVY	d agent are:	05 FEB -7	-
	a street address of the HOWARI	e registerd D G. LEVY me VSIN AVEN	d agent are:	05 FEB -7	-
	a street address of the HOWAR Nai 920 WISCON	D G. LEVY me NSIN AVEN P.O. Box No	d agent are:	05 FEB	

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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
3 3	
MGR	FELICE R. LEVY
	920 WISCONSIN AVENUE
	PALM HARBOR, FL 34683
MGR	HOWARD G. LEVY
	920 WISCONSIN AVENUE
	PALM HARBOR, FL 34683
	<u> </u>
<u> </u>	
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
DESCRIPTION OF STATE	
REQUIRED SIGNATURE:	
1 d 3. T	4
	uthorized representative of a member.
Signature of a member of an ar	andorized representative of a member.
(In accordance with section 608.	408(3), Florida Statutes, the execution
of this document constitutes an a that the facts stated herein are tr	ffirmation under the penaltics of perjury
mai me facis stated nerem are in	ic.)
	ARD G. LEVY
Typed or pri	nted 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)