L050000 41978

(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:	
J.K.	





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147/29/05--01001--006 **250.00

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CORPORATE	
,\ ACCESS, /	236 East 6th Avenue . Tallahassee, Florida 32303
INC. P.O. Box 3	7066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . 1765 (850) 252-1666
	PICK UP 428/05 Command Tolk S
сектігіць сору	CUS
Vrното сору	Villing LLC
1.) BOAT VACATION (CORPORATE NAME & DOCUMENT #)	tion Rental, LLC
(CORPORATE NAME & DOCUMENT #)	
(CORPORATE NAME & DOCUMENT #)	
(COMPORATE NAME & DOCUMENT #)	
(CORPORATE NAME & DOCUMENT #)	
SPECIAL INSTRUCTIONS	
ANT DE LEGISLATION OF THE SECOND OF THE SECO	

SAR SAR ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABIL ARTICLE I - Name: The name of the Limited Liability Company is: Boat Vacation Rental, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailine Address: Principal Office Address: 6227 Pasadena Point Blvd. South 6227 Pasadena Point Slvd. South Gulfport, FL 33707 Gulfport, FL 33707 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: James Kalyvas Name 6227 Pasadena Point Blvd. South Florida street address (P.O. Box NOT acceptable) Gulfport 33707

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 the Chapter 608, F.S..

City, State, and Zip

(CONTINUED)

Page 1 of 2

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

8506687839

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	James Kalyvas
	6227 Pasadena Point Bivd. South
	Gulfport, FL 33707
(Use attachment if necessary)	
NOTE: An additional article mus	t be added if an effective date is requested.
REQUIRED SIGNATURE:	4
	anno X Oyr
11	er or an authorized representative of a member.
(In accordance with se of this document cons that the facts staged	ection 608,408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury sherein are true.)
<u></u>	mes Kalyvas yped or printed name of signee
·	· •

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5,00 Certificate of Status (Optional)