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Florida Department of State

Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Account Name : SHAPIRO & ADAMS, P.A.  
Account Number : I19990000101  
Phone : (561) 691-0059  
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**LIMITED LIABILITY COMPANY**

**Riviera Beach Yacht Club Holdings, LLC**

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Riviera Beach Yacht Club Holdings, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2100 Avenue B  
Riviera Beach, FL 33405

**Mailing Address:**

2100 Avenue B  
Riviera Beach, FL 33405

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

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

Michael Carey

Name

2100 Avenue B

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

Riviera Beach, FL 33405

FL

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..*

  
Registered Agent's Signature

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

Preben Olsen

84 Lake Drive

Palm Beach Shores, FL 33405

MGRM

Michael Carey

218 Westminster Road

West Palm Beach, FL 33405

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
Signature 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 penalties of perjury that the facts stated herein are true.)

Michael Carey

Typed or printed name of signer

**Filing Fee:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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