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| (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: |
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Office Use Only



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TRANSMITTAL LETTER

| Division of Corporations |
|--|
| SUBJECT: EXCITER BOATS L.L.C. |
| (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: |
| Jeffrey D Rivaro (Name of Person) |
| Exciter BOATS (.L.C. (Firm/Company) |
| 13041 L LANE PARK CUTOFF RD. |
| TAVARES FL 37778 (City/State and Zip Code) For further information concerning this matter, please call: |
| For further information concerning this matter, please call: |
| Teff Rivard at (352) 750 7/7/ (Name of Person) at (352) 250 7/7/ (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\mathbb{A}\mathbb{S}130.00 Filing Fee & Certificate of Status \$\mathbb{C}\mathbb{C}\mathbb{C}\mathbb{S}155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) |
| STREET ADDRESS: MAILING ADDRESS: |
| Registration Section Registration Section |
| Division of Corporations Division of Corporations 409 E. Gaines Street P.O. Box 6327 |
| Tallahassee, Florida 32399 Tallahassee, Florida 32314 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|--|
| The name of the Limited Liability Cor | npany is: |
| ExciteR BOATS | £ 2.6.C; |
| ARTICLE II - Address: | 6th - main-limit office of the Limited Liebility Company in |
| The mailing address and street address | s of the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| Jeff Rivard | |
| JEFF RIVARD | |
| EXCITER BOATS LL. | 13041 L LANE PARK CUTOFF RE |
| ARTICLE III - Registered Agent, R | egistered Office, & Registered Agent's Signature: |
| The name and the Florida street address | ss of the registered agent are: |
| Jeff 1 | Name 25 |
| | Name |
| 13041 L | Name LAWE PARK CUTSPK KID. FLOT a street address (P.O. Box NOT acceptable) REST. S. |
| | la street address (P.O. Box NOT acceptable) |
| TAVARES | FL 32778 Projective, State, and Zip |
| C | 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..

(CONTINUED)

Page 1 of 2

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

| Title: "MGR" = Manage "MGRM" = Manage | | |
|---------------------------------------|--|---------------|
| OWNER | Jeff RIVARI) 13041 L LANG PARK CUTOPER PA | <i>D</i> . |
| | | |
| | | |
| | | |
| (Use attachment i | f necessary) | |
| NOTE: An addi | tional article must be added if an effective date is requested. | |
| REQUIRED SIG | SNATURE: | |
| | Signature of a member or an authorized representative of a member. | |
| | of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) | |
| | Teffer Typed or printed name of signee | <u>ာ</u> ယ |
| | Typed of printed famile 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)