Florida Department of State Division of Corporations

Public Access System

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000191517 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover

To:

Division of Corporations

Fax Number : (850)205-0383

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

## LIMITED LIABILITY COMPANY

## paradise boat rentals llc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

DIVISION OF CORPORATION

EMP I RE





## ARTICLES OF ORGANIZATION

## FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company: PARADISE BOAT RENTALS LLC

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: 5950 PENINSULAR AVE

City, State & Zip: KEY WEST, FL 33040

ARTICLE III – Registered Agents Name, Office Address, & Registered Agents Signature:

**CAMILO RAMIREZ** Name

**5950 PENINSULAR AVE** Address (P.O. Box NOT Acceptable)

KEY WEST, FL 33040 City, State, Zip

Having been named as registered agent and to accept service of process for the above stated limited hability 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

Date 08/10/3

Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es).

1. CAMILO RAMIREZ, 5950 PENINSULAR AVE, KEY WEST, FL 33040

2.

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.

CAMILO RAMIREZ

Typed or printed name of signee

P.02/02

40C-10-5002