L05000084334

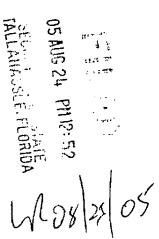
(Req	uestor's Name)		
(Add	lress)		
(Add	iress)		
(City,	/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	iness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to F	iling Officer:		

Office Use Only



700058593467

08/24/05--01034--010 **130.00





TRANSMITTAL LETTER

TO:	Registration Se Division of Co				
SUBJ	ECT: XNet Yac	cht Association LLC (Name of Limited	f Liability Compa	any)	
The en	aclosed Articles o	f Organization and fee(s) are so	ubmitted for filing	g .	
Please	return all corresp	condence concerning this matte	r to the following	;	
	Christop	her W Parker Jr	Name of Person)		
		(r	vame of Person)		
XNe	t Yacht Associa	tion LLC			
- 		Ţ,	Firm/Company)		
	5130 Medu	lla Rd			
			(Address)		
	Lake	land, FL 33811			05 Ali 6 24 PH 12: 52 TALLAHASSEE FLORIDA clephone Number)
		(City/	State and Zip Code)	16 21
For fu	rther information	concerning this matter, please	call:		P
Chris	Parker		at (_863	248-2702	clephone Number)
	(Name	of Person)	(Area Cod	e & Daytime Te	elephone Number)
Enclo	sed is a check fo	or the following amount:			
5 \$12:	5.00 Filing Fee	Ø \$130.00 Filing Fee & Certificate of Status	S \$155.00 Fi Certified Copy (additional copy	у	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divisi	CET ADDRESS: tration Section on of Corporations . Gaines Street	•	MAILING A Registration S Division of Co P.O. Box 6327	ection orporations

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
XNet Yacht Association LLC	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Christopher W Parker Jr	5130 Medulia Rd, Lakeland, FL 33811
5130 Medulla Rd	ne registered agent are: AHASSET, FLORIT
	address (P.O. Box NOT acceptable)
Lakeland, FL 33811 City, Sta	FL te, and Zip
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manag "MGRM" = Man		Name and Address:		
MGR		Christopher W Parker Jr		
		5130 Medulla Rd		
		Lakeland, FL 33811		
			_	
			_	
			<u> </u>	
			<u> </u>	
			_	
(Use attachment	if necessary)			
NOTE: An add	itional article must be	added if an effective date is requested.		
REQUIRED SI	GNATURE:			
	afdr	ALL	05 AUG	
	Signature of a member or	an authorized representative of a member.	ST.	# 1 52****
		608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)	24	in pulpose in the second of th
	Christopher W Parker Ju		. <u>.</u>	. ru. š
	Typed	or printed name of signee	PN 12: 52	•

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)