

Jan 10 06 08:04

sta s tiner

95-036-0402

p.1

LOG 000003709

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

((H06000008323 3)))

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

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : CLARION VENTURES, INC.
Account Number : I20030000026
Phone : (623) 465-8636
Fax Number : (623) 465-8640

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

05 JAN 11 AM 9:01

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Ortona Yacht Storage LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

1-12
cust

Electronic Filing Menu Corporate Filing Menu

Help

RECEIVED
06 JAN 11 AM 8:06
CORPORATION

(H06000008323 3)

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ortona Yacht Storage LLC**ARTICLE II - Address:**

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

Principal Office Address:15841 Pines Blvd. #130Pembroke Pines Florida, 33027**Mailing Address:**15841 Pines Blvd. #130Pembroke Pines Florida, 33027**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**

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

Robert B Pitter

Name

5001 SW 210 TerraceFlorida street address (P.O. Box NOT acceptable)Southwest Ranches, FLORIDA 33332

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, Florida Statutes..


Registered Agent's Signature

(H06000008323 3)

05 JAN 11 AM 9:01

FILED

(H06000008323 3)

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:

MGRM

Robert Pflter

5001 SW 210 Terrace

Southwest Ranches Florida, 33332

MGRM

Dennis W Egbers

14910 N Encino Circle

Pembroke Pines Florida, 33027

MGRM

Joseph J Armonda

4658 NW 7 Place


Deerfield Beach Florida, 33442

(Use attachment if necessary)

STATE
TAX
FLORIDA

05 JAN 11 AM 9:01

FILED

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.)



Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

(H06000008323 3)