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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to I	Filing Officer:	
2/2	A	IC
EFF	ECTIVE DATE	

Office Use Only



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M. HOUGE

COVER LETTER

	ion Section of Corporations		
SUBJECT:	Yachts Central Ar		
	(Name of Limite	ed Liability Company)	
The enclosed Artic	cles of Organization and fee(s) are	submitted for filing.	
Please return all co	prrespondence concerning this matt	er to the following:	
F	Robert A. Anslow		
		(Name of Person)	
		(Firm/Company)	
1460 I	Primrose Lane		
		(Address)	
Wellin	gton, FL 33414		
**************************************	- 	//State and Zip Code)	
For further informa	tion concerning this matter, please	call:	
Robert A. A		at (561) 248-5122 (Area Code & Daytime Telephone Number)	
(1)	Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a chec	ck for the following amount:	_	
\$125.00 Filing 1	Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing F Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	&
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•			
The name of the Limited Liability Company	y is:			
Yachts Central America LLC (Must end with the words "Limited Liability Company, "I	Limited Company" or their abbreviation "LLC,	," or "L.C.,")		
The mailing address and street address of th	ne principal office of the Limited Li	iability Co	mpar	ıy is:
Principal Office Address:	Mailing Address:			
1460 Primrose Lane	Same			
Wellington, FL 33414			_	
ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve as its own Foundations business entity with an active Florida registration.) The name and the Florida street address of the Robert A. Anslow	Registered Agent. You must designate an indiv	ridual or anot	06 FEB -2	6 y Al g y months manning
N	ame	Prig.	P	± ± ⅓ ====;
1460 Primrose Lane	e	ETLUEBA	PN 1:50	*****
Florida stree	et address (P.O. Box NOT acceptable)		0	
Wellington, FL 33414 City, St	FL ate, and Zip			
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap				

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Men	nber
MGR	Robert A. Anslow
	1460 Primrose Lane
	Wellington, FL 33414
MGR	Robert Alvarado
	10914 N.W. 33rd Street, Suite 115
	Miami, FL 33172
(Use attachment if necessar)	v)
(000 40040111011011111111111111111111111	
	er than the date of filing: February 1, 2006 (OPTIO
LE V: Effective date, if other	than the date of fining
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fective date is listed, the date days after the date of filing REQUIRED SIGNATURE Signature of this document of this document is listed, the date of	te must be specific and cannot be more than five business (.) E: Of a member or an authorized representative of a member.

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)