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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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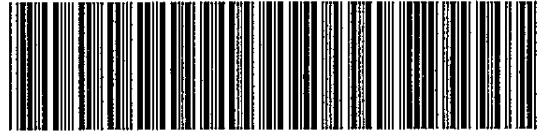
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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LAW OFFICES OF  
**IRVIN W. NACHMAN, P.A.**

4441 STIRLING ROAD  
FORT LAUDERDALE, FLORIDA 33314

IRVIN W. NACHMAN

(954) 792-7338  
FAX: (954) 584-2941

March 28, 2006

Department of State  
Division of Corporations  
Registration Section  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Florida Limited Liability Company -  
DNS YACHTING SERVICES LLC

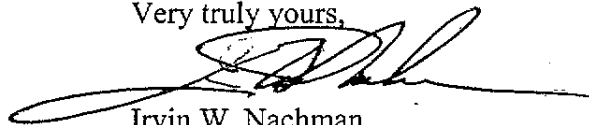
Dear Sir:

Enclosed please find an original Articles of Organization for Florida Limited Liability Company regarding the above-referenced matter together with our check in the amount of \$125.00 representing your filing fee.

Kindly return your letter of acknowledgment upon registration.

Thank you for your continued courtesies and cooperation.

Very truly yours,



Irvin W. Nachman  
For the Firm

;ghm  
encls.

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

DNS YACHTING SERVICES LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

4350 SOUTHWEST 59TH AVENUE  
BLDG. A  
DAVIE, FLORIDA 33314

#### Mailing Address:

SAME

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

IRVIN W. NACHMAN

Name

4441 STIRLING ROAD

Florida street address (P.O. Box **NOT** acceptable)

FT. LAUDERDALE FL 33314

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

**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

DENIS P. SOBIEWSKI

4350 SOUTHWEST 59TH AVENUE  
BLDG. A

DAVIE, FLORIDA 33314

MGRM

CARMEN MUNOZ SOBIEWSKI

4350 SOUTHWEST 59TH AVENUE  
BLDG. A

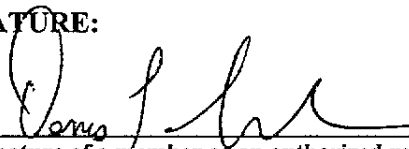
DAVIE, FLORIDA 33314

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

\_\_\_\_\_  
DENIS P. SOBIEWSKI  
Typed or printed name 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)

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TALLAHASSEE, FLORIDA