

W00000035932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

4/4

FL LC

EFFECTIVE DATE

3-30-06

Office Use Only

M. HODGES



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04/04/06--01050--016 **125.00

FILED
06 APR -4 PM 1:28
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Deep Water Yacht Sales LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS P. KEENER / Jeffrey C. LACOUR
(Name of Person)

DEEP WATER Yacht Sales LLC
(Firm/Company)

300 South PINWOOD Lane
(Address)

PENSACOLA FL 32507
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS Keener
Jeff Lacour at (850) 291-7977
(Name of Person) (Area Code & Daytime Telephone Number) 380-1606

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & 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 is:

DEEP WATER YACHT SALES, 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:

Mailing Address:

300 South Pinewood Lane
Pensacola, FL 32507

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:

THOMAS P. KEENER

Name

1623 Woodlawn Way

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

Gulf Breeze

FL

32563-9574

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

MGR

THOMAS P. Keener
1623 Woodlawn Way
Gulf Breeze, FL 32563-9574

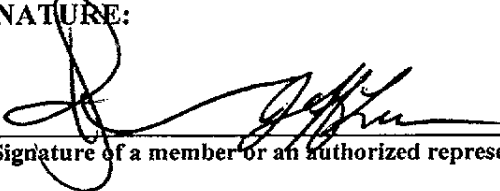
MGR

Jeffrey C. Lacour
4 Edgewater Drive
Pensacola, FL 32507

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3-30-2006 (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.)

THOMAS P. Keener Jeffrey C. Lacour
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)

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)
▶ See separate instructions for each line. ▶ Keep a copy for your records.

CMB No. 1545-0003

EIN 14-1955235

T Y P E O R P R I N T C L E A R L Y	1 Legal name of entity (or individual) for whom the EIN is being requested Deep Water Yacht Sales, LLC		3 Executor, administrator, trustee, care of name	
	2 Trade name of business (if different from name on line 1)			
	4a Mailing address (room, apartment, suite number, and street, or P.O. box) 300 S. Pinewood Lane		5a Street address (if different) (Do not enter a P.O. box)	
	4b City State ZIP Code Pensacola FL 32507		5b City State ZIP Code	
	6 County and state where principal business is located Escambia County, Florida			
	7a Name of principal officer, general partner, grantor, owner, or trustee Jeff Lacour		7b SSN, ITIN, or EIN 589-56-5915	
	8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input checked="" type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____		<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard _____ <input type="checkbox"/> Farmers' cooperative _____ <input type="checkbox"/> REMIC _____ Group Exemption Number (GEN) ▶ _____	
	8b If a corporation, name the state or foreign country (if applicable) where incorporated _____ State _____ Foreign country _____			
	9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ LLC <input type="checkbox"/> Hired employees (Check the box and see line 12.) _____ <input type="checkbox"/> Compliance with IRS withholding regulations _____ <input type="checkbox"/> Other (specify) ▶ _____		<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____	
	10 Date business started or acquired (month, day, year). See instructions. 03/30/06		11 Closing month of accounting year December	
12 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) _____ ▶ N/A				
13 Highest number of employees expected in the next 12 months (enter -0- if none). Do you expect to have \$1,000 or less in employment tax liability for the calendar year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. (If you expect to pay \$4,000 or less in wages, you can mark yes.)		Agricultural Household Owner 0 0 0		
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____				
15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Marine Sales				
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If 'Yes,' please complete lines 16b and 16c.				
16b If you checked 'Yes' on line 16a, give applicant's legal name & trade name shown on prior application, if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____				
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN				

**Third
Party
Designee**

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name Richard S. Lacour	Designee's telephone number (include area code) (850) 572-8778
Address and ZIP code 3333 W. NAPOLEON AVE., STE. 101, METAIRIE, LA 70001	Designee's fax number (include area code) (850) 492-3891
Applicant's telephone number (include area code) (850) 380-1606	Applicant's fax number (include area code) (850) 337-0559

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly.) ▶ **Jeff Lacour**

Signature ▶

Date ▶ **03/30/06**