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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	☐ MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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DIVISION OF COMPORATIONS

COVER LETTER

TO:	Registration S Division of C					
SUBJE	ст:	OOR	Boys	BOAT	RENTAL	LLC
		((Name of Limite	d Liability Company)		
The en	closed Articles	of Organization	n and fee(s) are s	ubmitted for filing.		
Please	return all corres	spondence conc	erning this matte	er to the following:		
		MA	RKR	EINHFR Name of Person)	DT	
		4/0	LINDA	人、SHC Firm/Company)	£73	
			(Firm/Company)		
	1:	2942	COUN	TY ROFID (Address)	561	·
				(Address)		
	_	LERN	IONT	FL 34	711-9355	
	· · · · · · · · · · · · · · · · · · ·		(City	/State and Zip Code)		
For furt	her information	o concerning thi	is matter, please	call:		
	L (NDA)	K. St e of Person)	IEETS	at (352) (Area Code & Di	36-3001 aytime Telephone Number)	
Enclos	ed is a check t	for the followi	ng amount:			
\$125	.00 Filing Fee	\$130.00 Certificate	Filing Fee & of Status	\$155.00 Filing I Certified Copy (additional copy is encl		Status &
		P.O. Box 6	Section Corporations	Street/Courier Registration See Division of Co Clifton Buildin 2661 Executive	ction rporations g c Center Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
The finance of the Zamiou Blacking Company to
POOR BOYS BOAT RENTAL, 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:
12942 COUNTY RORD SGI SFIME CLERMONT FL 34711-9355
(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: L(NDF) K, SHEETS Name
12942 COUNTY RORD 54(Florida street address (P.O. Box NOT acceptable)
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

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE OF VISION OF CORPORATIONS

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

MARK REINHARDT

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)