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SECRETARY OF STATE TALLAHASSEE, FLORING

COVER LETTER

TO: Registration Solution of Co							
subject: Green		ed Liability Compa	ıny)				
The enclosed Articles o	f Organization and fee(s) are	submitted for filing	; -				
Please return all corresp	ondence concerning this matt	er to the following	:				
Daniel Bo	oucher						
	+	(Name of Person)		······································	<u> </u>		
-		(Firm/Company)			TAL	07	
1521 Alto	on Road, #377				LAH	MA	429
		(Address)			FAR ASS	-2	The state of the s
Miami Be	each, FL 33139				E.O.	70	
	(City	/State and Zip Code)		107. 71.S		
For further information	concerning this matter, please	call:			RIE.	52	Ø-
			500 10				
Robert B. John	of Person)	at (305) (Area Code	503-42 & Daytime To	15 elephone Number)		
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Enclosed is a check for	or the following amount:						
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Fil Certified Copy (additional copy i	,	\$160.00 I Certificate o Certified Co (additional copy	f Status & opy	:	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exer	of Corporation	ns			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
Bollman Yachts	Green Yachts, LLC	
415 Davie Blvd	1521 Alton Road, #377	-
Ft. Lauderdale, FL 33316	Miami Beach, FL 33139	-
business entity with an active Florida registration.)	<u> </u>	07 SE
business entity with an active Florida registration.) The name and the Florida street addres	own Registered Agent. You must designate an individual or and Alexander	
business entity with an active Florida registration.)	own Registered Agent. You must designate an individual or and Alexander	07 MAY -2 SECRETARY
business entity with an active Florida registration.) The name and the Florida street addres	own Registered Agent. You must designate an individual or and the soft the registered agent are: on, CPA Name	O7 MAY -2 PH 1:
The name and the Florida street addres Robert B. Johnso 1200 Brickell Av	own Registered Agent. You must designate an individual or and the soft the registered agent are: on, CPA Name	07 MAY -2 SECRETARY
The name and the Florida street addres Robert B. Johnso 1200 Brickell Av	own Registered Agent. You must designate an individual or and the soft the registered agent are: on, CPA Name Re, Suite 700	O7 MAY -2 PH 1:

(CONTINUED) Page 1 of 2

Registered Agent's Signature REQUIRED

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Daniel Boucher (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:**

Daniel Boucher

Typed or printed name of signee

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)