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Office Use Only



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DIVISION OF COM COMMENT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

Division of Cor					
_{SUBJECT:} Money	4 Boats, LLC				
		d Liability Company)		1	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.			
Please return all correspondent	ondence concerning this matte	er to the following:			
Wayne Le	a				
	(1	Name of Person)			-
Money 4 E	Boats, LLC				
	(Firm/Company)		· · · · · · · · · · · · · · · · · · ·	-
2902 SW	29th Avenue				
		(Address)			-
Cape Co	ral, FL 33914			07	SIAID
	(City	/State and Zip Code)		07 JUN -1 PM	355
				<u>t</u>	무절
For further information (concerning this matter, please	call;		70	02F
Lynn Lea		at (239) 541-947	71	1:37	ECRETARY OF STAIL ISION OF CORPORATIONS
(Name	of Person)	(Area Code & Daytime To	elephone Number)	ယ	- O.K.
Enclosed is a check fo	r the following amount:				<i>(,,</i>
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Stat Certified Copy (additional copy is en	us &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Money 4 Boats, 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 str	reet address of t	he principal office of the Limited Liabi	lity Company
Principal Office Address:		Mailing Address:	
2902 SW 29th Avenue		2902 SW 29th Avenue	
Cape Coral, FL 33914		Cape Coral, FL 33914	
business entity with an active Flori The name and the Florida s Lynn A	ida registration.) street address of A. Lea	Registered Agent. You must designate an individual the registered agent are:	DIVISION OF C
			P
2902 \$	SW 29th Aver	nie	
2902 \$	SW 29th Aver Florida stre	eet address (P.O. Box <u>NOT</u> acceptable)	ORX
2902 S	Florida stre	**************************************	PM 1: 37
	Florida stre Coral	eet address (P.O. Box NOT acceptable)	082110NS

(CONTINUED) Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: MGR")= Manager MGRM" = Managing Member MGR Wayne Lea 2902 SW 29th Avenue Cape Coral, FL 33914 (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.) Typed or printed name of signee

ARTICLE IV- Manager(s) or Managing Member(s):

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)