

L07000095572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

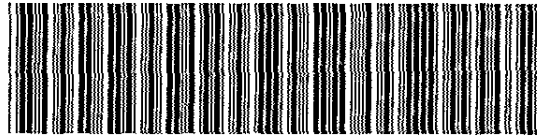
(Business Entity Name)

(Document Number)

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

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Office Use Only



200109178032

EFFECTIVE DATE

09/12/07

09/18/07--01007--001 \*\*130.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 SEP 18 AM 11:51

JB

Tim Nemethy GAVE

AUTHORIZATION BY PHONE TO

CORRECT eff. date to be 09/12/07

DATE 09/19/07 @ 11:25 am

DOC. EXAM [Signature]

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Florida Surfboard Rentals, 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:

Tim Nemethy

(Name of Person)

Florida Surfboard Rentals, LLC

(Firm/Company)

640 Battersea Dr.

(Address)

St. Augustine, FL 32095

(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Nemethy

(Name of Person)

at ( 407 ) 595-5004

(Area Code & Daytime Telephone Number)

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Surfboard Rentals, LLC

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

### ARTICLE II - Address:

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

#### Principal Office Address:

640 Battersea Dr.  
St. Augustine, FL 32095

#### Mailing Address:

640 Battersea Dr.  
St. Augustine, FL 32095

**EFFECTIVE DATE**

09/12/07

### 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:

Keith E. Johnson CPA

Name

2121 Corporate Square Blvd. #164

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

Jacksonville, FL 32216

City, State, and Zip

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*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..*

Keith E. Johnson CPA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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

Tim Nemethy

640 Battersea Dr.

Mgrm

Shelly S. Nemethy

640 Battersea Dr.

(Use attachment if necessary)

09/12/2007

**ARTICLE V:** Effective date, if other than the date of filing: 8/4/2007 (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.)

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**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.)

Tim Nemethy

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)