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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO:	Registration S Division of C			
SUBJI	ECT: Brock	man Boat Works LL	.C	
	kwildor i was	(Name of Limited	Liability Company)	e Marija de Marija e ili de Marija. Omranja de Marija e ili de Marija
The en	closed Articles o	of Organization and fee(s) are su	ubmitted for filing.	
Please	return all corres	pondence concerning this matter	r to the following:	
	James J E	3rockman		
		4)	Name of Person)	
•	Brockmar	n Boat Works LLC		
		(F	Firm/Company)	
	713 East	River Dr		
			(Address)	
	Temple T	errace, Florida 3361	1,7	
		(City/	State and Zip Code)	
For fur	ther information	concerning this matter, please of	call:	
Jam	es J Brock	rman	at (813) 629-1522	
	(Name	e of Person)	(Area Code & Daytime Telephone Num	iber)
Enclos	sed is a check f	or the following amount >		
√ \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certifica (additional copy is enclosed) Certified	Filing Fee, ate of Status & Copy al 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

and the making recognished the contract of the policy of the property of the major of the contract of the cont

ים הים	man Boat Works LLC		
	(Must end with the words "I	imited Liability Company, "L.L.C.," or "LLC.")	
ARTIC	LE II - Address:		
The mai	ling address and street addres	s of the principal office of the Limited I	Liability Comp
Principa	al Office Address:	Mailing Address:	
713 East F	River Dr	713 East River Dr	
Temple Te	errace, Florida 33617	Temple Terrace, Florida 33617	
ARTIC	LE III - Registered Agent, I	Registered Office, & Registered Agent	's Signature:
(The Limit	LE III - Registered Agent, I ed Liability Company cannot serve as i entity with an active Florida registration	its own Registered Agent. You must designate an indi	vidual or another
(The Limit business of	ed Liability Company cannot serve as i entity with an active Florida registration	its own Registered Agent. You must designate an indi	vidual or another
(The Limit business of	ed Liability Company cannot serve as in entity with an active Florida registration me and the Florida street addre	its own Registered Agent. You must designate an indin.)	vidual or another
(The Limit business of	ed Liability Company cannot serve as i entity with an active Florida registration	its own Registered Agent. You must designate an indin.)	vidual or another SECRETAL AHAS
(The Limit business of	ed Liability Company cannot serve as in entity with an active Florida registration me and the Florida street addre	its own Registered Agent. You must designate an indin.)	vidual or another SECRETARY I
(The Limit business of	ed Liability Company cannot serve as intentity with an active Florida registration and the Florida street address James J Broof	its own Registered Agent. You must designate an indin.)	vidual or another SECRETARY I ALLAHASSER
(The Limit business o The nam	ed Liability Company cannot serve as it entity with an active Florida registration and the Florida street address James J Broof 713 East Rivers Florida	its own Registered Agent. You must designate an indin.). ess of the registered agent are: ckman Name er Dr	SECRETARY OF STALLAHASSEE FLU

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

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

and the state of the

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	James J Brockman
	713 East River Dr
	Temple Terrace, Florida 33617
(Use attachment if necessary)	
ICLE V: Effective date, if other than the dat	te of filing: (OPTIONAL)
n effective date is listed, the date must be sp 90 days after the date of filing.)	pecific and cannot be more than five business days prior
o days after the date of fining.)	= 0'
REQUIRED SIGNATURE:	08 JUL 28 SECRE JAR TALLAHIASS
James A Br	
Signature of a member or	an authorized representative of a member. 📆 📯
(In accordance with section of this document constitute that the facts stated herei	s an arrithmation under the behalties of beriury +>
James J Brockm	nan

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)

Typed or printed name of signee