

108000115925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

DATE 1-1-09



000139058230

12/19/08--01015--021 **125.00

FILED
08 DEC 19 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 22 2008

EXAMINER

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fair Winds Boat Repairs, 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:

Richard D. Bell, CPA

(Name of Person)

Donovan Bell and Associates, CPA's PA

(Firm/Company)

3670 US Hwy 1 South, Ste. 290

(Address)

St. Augustine, FL 32086

(City/State and Zip Code)

FILED
08 DEC 19 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Richard D. Bell, CPA

(Name of Person)

at (904) 797-6660

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$125.00 filing Fee

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

EFFECTIVE DATE 1-1-09

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the limited Liability Company is:

Fair Winds Boat Repairs, LLC

ARTICLE II – Address:

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

Principal Office Address:

Fair Winds Boat Repairs, LLC

243 Stokes Landing Road

St. Augustine, FL 32095

Mailing Address:

Fair Winds Boat Repairs, LLC

243 Stokes Landing Road

St. Augustine, FL 32095

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Arnis Zvirboulis

Name

243 Stokes Landing Road

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

St. Augustine, FL 32095

City, State, and Zip

FILED
08 DEC 19 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated 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, Florida Statutes.



Registered Agent's Signature

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

Arnis Zvirboulis

243 Stokes Landing Road

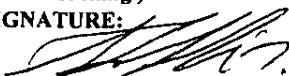
St. Augustine, FL 32095

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/1/2009 (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:

X



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.)

Arnis Zvirboulis

Typed or printed name of signee

FILED
08 DEC 19 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)