

W09000065813

7/8/2009

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FLORIDA LICENSES AND CORPORATIONS INC

Account Number : I200800000068

Phone : (305) 446-3442

Fax Number : (305) 446-3452

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TALLAHASSEE, FLORIDA

2009 JUL -8 AM 8:42

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TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**SOUTHFLORIDABOATERS.COM LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03

**T. CLINE**

JUL -9 2009

**EXAMINER**

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SouthFloridaBoaters.COM 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:**

13301 NW 1 Lane  
MIAMI FL 33182.

**Mailing Address:**

PO Box 940655  
MIAMI FL 33194.

**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:

Ariel Santa Cruz.

Name

13301 NW 1 Lane

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

MIAMI FL 33182.

City, State, and Zip

*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..*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

Ariel Sante Cruz.

13301 NW 1 Lane

MIAMI FL 33182

MGRM

Maria Victoria Iglesias.

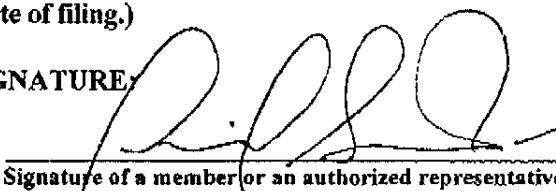
10074 NW 4 Lane

MIAMI FL 33172

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 7/9/09. (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.)

Ariel Sante Cruz.

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)

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