## L10000053415

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(City/State/Zip/Phone #)
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(Document Number)
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## **COVER LETTER**

.TO:

Registration Section
Division of Corporations

SUBJECT: Yacht F	arm, LLC				
Name of Limited Liability Company					
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.			
Please return all correspondence concerning this matter to the following:					
Dirk Boehme	r				
Name of Person					
Yacht Farm,	LLC				
		Firm/Company			
5333 Ulysses	Street				
		Address			
Port Charlotte	<del></del>				
		ty/State and Zip Code			
dirkboehmer@yahoo.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Dirk Boehmer		_at ( 786 )879-0170			
Name of Person		Area Code & Daytime Tele	phone Number		
Enclosed is a check for	or the following amount:				
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 C Tallahassee, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the L	me: .imited Liability Comp	any is:	
Yacht Farm, LL			
(M	fust end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	ddress:		
		f the principal office of the Limited L	iability Company is:
Principal Office	Address:	Mailing Address:	
5333 Ulysses Street		5333 Ulysses Street	
Port Charlotte, FL 33981		Port Charlotte, FL 33981	
business entity with an	active Florida registration.)	wn Registered Agent. You must designate an indiv	10 MA
Name		IASSI IASSI	
5333 Ulysses Street			FILED Y 18 PM TAKY OF HASSEE,
Florida street address (P.O. Box NOT acceptable)		EEC (12)	
	Port Charlotte	<sub>FL</sub> 33981	PH 12: 08 Y OF STATE SEE, ELORID
	<del></del>	City, State, and Zip	A
liability compo registered agent a statutes relating	any at the place designa and agree to act in this c to the proper and comp	and to accept service of process for the ted in this certificate, I hereby accept to capacity. I further agree to comply with olete performance of my duties, and I as registered agent as provided for in the complexity.	he appointment as h the provisions of all m familiar with and

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Dirk Boehmer 5333 Ulysses Street Port Charlotte FL 33981 (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.)

Dirk Boehmer

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)