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(Requestor's Name)	
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PICK-UP WAIT M	AiL
(Business Entity Name)	
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Certified Copies Certificates of Status _	
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T. HAMPTON

MAR 1 4 2011

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Yacht & Ship Chand	ller Consultants LLC
	mited Liability Company
The enclosed Articles of Organization and fee(s) a	are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Edward Brillinger	
	Name of Person
	Firm/Company
1615 sw 6 ave	
	Address
Fort Lauderdale, FL. 33315	
	City/State and Zip Code
ed@yachtchandlers.com E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, ple	ease call:
Edward Brillinger	at (954) 849-0681
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	:
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporation P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Itants LLC
y Company, "L.L.C.," or "LLC.")
ncipal office of the Limited Liability Company is:
Mailing Address:
Same
Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
gistered agent are:
ess (P.O. Box <u>NOT</u> acceptable)
_{FL} 33315

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

DIVISION OF CORPORATIONS

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

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

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Educard Dvillingov
INGH	Edward Brillinger
	1615 sw 6 th ave
	Fort Lauderdale
	•
(Use attachment if necessary)	
(Ose attachment if necessary)	
I F V. Effective data if other the	an the date of filing: (OPTIONA
Lara V : Pariculive dade, il odici dia	-
ffective date is listed, the date m	iust be specific and cannot be more than live dusiness day
	ust be specific and cannot be more than five business day
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ffective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE:	

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)

11 MAR II AM DI ST

Typed or printed name of signee

constitutes a third degree felony as provided for in s.817.155, F.S.)