L11000065099

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	,
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000208207590

06/02/11--01017--025 **160.00

11 JUN - 2 PH 1:38
SECRETARY OF STATE
AND ASSECUTION OF STATE
ASSECUTI

J. BRYAN

JUN - 3 2011

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: IMPERIAL YACHT MANAGEMENT, LLC
Name of Limited Liability Company
29 7 m
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ANDREW DOWNS Name of Person
Please return all correspondence concerning this matter to the following:
ANDREW DOWNS
Name of Person
IMPERIAL YACHT MANAGEMENT, LLC
Firm/Company
405 31ST STREET
Address
WEST PALM BEACH, FL 33407
City/State and Zip Code
CAPTIANANDY83@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANDREW DOWNS at (774) 563-1799
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IMPERIAL YACHT MANAGEMENT, 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:	Mailing Address:
405 31ST STREET	405 31ST STREET
WEST PALM BEACH, FL 33407	WEST PALM BEACH, FL 33407

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:

ANDREW DOWNS
Name
405 31ST STREET
Florida street address (P.O. Box NOT acceptable)
WEST PALM BEACH FL 33407
City State and Zin

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	A SS S
MGR	ANDREW DOWNS
	WEST PALM BEACH, FL 33407
	-
· · · · · · · · · · · · · · · · · · ·	
	
(Use attachment if necessary) LE V: Effective date, if other than	the date of filing: (OPTIO
LE V: Effective date, if other than	the date of filing: (OPTIO
LE V: Effective date, if other than fective date is listed, the date muddays after the date of filing.)	st be specific and cannot be more than five business of
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPTION of the specific and cannot be more than five business of the spe
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation to I am aware that any false in	mber or an authorized representative of a member. a 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)