42000051249

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500228800535

04/13/12--01021--013 **130.00

5 LIV

12 APR 13 PH 1: 38

N. CUMPAN APR 16 2012

COVER LETTER

TO:	Registration of	n Section Corporations	. •	· · · · · · · · · · · · · · · · · · ·
CHIDIE	CT.	160-101	VACHT	CLUB
SUDJE	C1	, , _ , _ ,	Name of Limi	CLUB nited Liability Company
		_		e submitted for filing. atter to the following:
T TOUSO T	O	osponaonoo oon	,	and to the following.
		,	LUCIA 1	BUCKLIN Name of Person
_				Name of Person
			а	
			<i></i>	Firm/Company
				rim/Company
			304 0	ORCHARD ST
-				Address
	· · · · · · · · · · · · · · · · · · ·		GRE	EEW WICH, CT. 06330 City/State and Zip Code
			С	City/State and Zip Code
			L c &	BLSB @ AOL COM d for future annual report notification)
		E-mail add	lress: (to be used	d for future annual report notification)
For furt	her informati	ion concerning th	nis matter, pleas	ase call:
	1		٠.	202 . 252.08.5
	Na	me of Person	. 10	at (203) 253.9818 Area Code & Daytime Telephone Number
		k for the follow	_	
\$125.00	Filing Fee	\$130.00 F Certifica	Filing Fee & te of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing A Registration		Street/Courier Address Registration Section
		Division of	of Corporations	s Division of Corporations
		P.O. Box	6327 ee, FL 32314	Clifton Building 2661 Executive Center Circle
		i ananassi	~, I`L J∠J I*f	2001 Excedite Contel Citolo

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
/60-110 YACHT (Must end with the words "Limited Liabilit	CLUB LL C. y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
BOY ONCHARD ST GREENWICH CT. Oby30	BOY OLCHARO ST.
GREENWICH CT. Oby30	GREENWICH CT. 06830
2000 GLADG- Florida street addr	ALAND # 302 ess (P.O. Box NOT acceptable) ALAND # 302 FINANCE OF THE COLUMN TO THE COLUMN THE CO
City, Stat	FL 33431 CON # 1 PRO
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)

"MCD" — Monagon	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGLM	ROBIERT BUCKLIN 304 OLCHARD ST
	GARENIUSCA, CT. 06830
MEKM	LUCIA BUCKLIN
	BUY ORCHARD ST
	GREENWICH CT. D6830
(Use attachment if necessary)	
CLE V: Effective date, if other that effective date is listed, the date mu	
CLE V: Effective date, if other than	n the date of filing: <u>MAY 1, 2012</u> . (OPTION ast be specific and cannot be more than five business da
CLE V: Effective date, if other that effective date is listed, the date mu	
CLE V: Effective date, if other that effective date is listed, the date mu d days after the date of filing.)	
CLE V: Effective date, if other that effective date is listed, the date mu	
CLE V: Effective date, if other that effective date is listed, the date mu d days after the date of filing.)	ist be specific and cannot be more than five business da
CLE V: Effective date, if other that effective date is listed, the date mu d days after the date of filing.)	ist be specific and cannot be more than five business da
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	SECRETARY OF SEEE, F
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a m	Security and cannot be more than five business da
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false.)	SECRETARY OF SEEE, F
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false.)	ember or an authorized representative of a member. n 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 felony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false.)	ember or an authorized representative of a member. 100 May 10

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

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