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C. LEWIS

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EXAMINER

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: D'Agostino Yacht Sales, LLC.
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
John D'Agostino
Name of Person
D'Agostino Yacht Sales, LLC.
Firm/Company
5920 SW 18th Street
Address
Plantation, Florida 33317
City/State and Zip Code
jdagostino@mindspring.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John D'Agostino 954 650-3379
John D'Agostino at (954) 650-3379  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}\$\$ \text{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 Clifton Building Tallahassee, FL 32314 Corporative Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:	
D'Agostino Yacht Sales, Ll	LC.	
	d Liability Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street address of the mailing address and street address.	the principal office of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	
5920 SW 18th Street Plantation, Florida 33317	5920 SW 18th Street Plantation, Florida 33317	s Signature: vidual or another  12 AUG 17 AM 11: 10  FILED  FILED
		<u> </u>
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	n Registered Agent. You must designate an individual o	or another
John D'Agostino		B T T T T
	Name	SSEE P
5920 SW 18th	n Street	当の
	eet address (P.O. Box NOT acceptable)	<b>经</b>
Plantation	<sub>FL</sub> 33317	
С	City, State, and Zip	
liability company at the place designate registered agent and agree to act in this ca	nd to accept service of process for the aboved in this certificate, I hereby accept the appropriate. I further agree to comply with the lete performance of my duties, and I am fan	pointment as provisions of all

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(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:

FILED 12 AUG 17 AMIL

MGR	John D'Agostino	
	5920 SW 18th Street	<u> </u>
	Plantation, Florida 33317	_
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Use attachment if necessary)		
TO SEE THE COLUMN AND A SECOND ASSECTION	1. car. 8/15/2012	<b>^</b> \\T.4.1
	te date of filing: 8/15/2012 . (OPTI be specific and cannot be more than five busines	

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)