## []3000055521

| (Req                      | uestor's Name) |             |  |  |
|---------------------------|----------------|-------------|--|--|
| (Addi                     | ress)          |             |  |  |
| (Addi                     | ress)          |             |  |  |
| (City/                    | State/Zip/Phon | e #)        |  |  |
| PICK-UP                   | ☐ WAIT         | MAIL        |  |  |
| (Business Entity Name)    |                |             |  |  |
| (Doc                      | ument Number   |             |  |  |
| Certified Copies          | Certificate    | s of Status |  |  |
| Special Instructions to F | iling Officer: |             |  |  |
| ·                         |                |             |  |  |
|                           |                |             |  |  |
|                           |                |             |  |  |
|                           |                |             |  |  |
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200 APR 15 AN II: 40
SECRETARY OF STATE

## **COVER LETTER**

|  | COVE  | RLEITER   | •  |  |
|--|---|---|--|--|
| TO: Registration S Division of Co                            |   | ~   | n <sub>a</sub> n   |  |
| SUBJECT:   | Mart Boat<br>Name of Limit                  | ted Liability Company   | <del> </del>   |  |
| The enclosed Articles of                                     | Organization and fee(s) are                 | submitted for filing.   |  |  |
| Please return all correspondent                              | ondence concerning this mat                 | ter to the following:   |  |  |
|  | TAL EZA                                     | A5  |  |  |
|  | •   | Name of Person  |  |  |
|  |   |   |  |  |
| 2  | 9   | Firm/Company  |  |  |
| <u> </u>   | OS. MADISO                                  | n Suite #11   | )  |  |
|  |   | FL 33756 ty/State and Zip Code  | <del></del>  |  |
|  | _   | for future annual report notification)                                |  |  |
| For further information concerning this matter, please call: |   |   |  |  |
| Carmen Si  | manca)<br>of Person                         | at ( 727 ) 466-07<br>Area Code & Daytime Telep                        | 124<br>phone Number  |  |
| Enclosed is a check fo                                       | r the following amount:                     |   |  |  |
| \$125.00 Filing Fee  | \$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
|  | Mailing Address                             | Street/Courier Address  |  |  |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:

| Smart Boat Lift LLC (Must end with the words "Limited Liability Com   | ppany, "L.L.C.," or "LLC.")   |
|---|---|
| ARTICLE II - Address: The mailing address and street address of the principal   | al office of the Limited Liability Company is:  |
| Principal Office Address: Ma  | iling Address:  |
| 300 S. Madison Ave. Suite 10 Clearwater, FL 33756   | Suite 10<br>Searwater, FL 33756   |
| ARTICLE III - Registered Agent, Registered Office<br>(The Limited Liability Company cannot serve as its own Registered Agent) business entity with an active Florida registration.)   | ce, & Registered Agent's Signature: gent. You must designate an individual or another   |
| The name and the Florida street address of the registe  | red agent are:  |
| Tal Ezra Name  300 S. Madison A Florida street address (I  City, State, and  Having been named as registered agent and to accept liability company at the place designated in this ce registered agent and agree to act in this capacity. I all statutes relating to the proper and complete pery and accept the obligations of my position as register | 2.0. Box NOT acceptable)  33756  I Zip  I service of process for the above signed limited artificate, I hereby accept the appointment as further agree to comply with the provisions of formance of my duties, and I am familiar with |
| Registered Agent's Signature (R   | EQUIRED)  |

Page 1 of 2

(CONTINUED)

| , , •  | ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:     |  |                              |  |  |  |
|--------|--|--|------------------------------|--|--|--|
| ٠      | <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member   | Name and Address:  |                              |  |  |  |
| •      | MGRM   | James Carlyle Stanley<br>14005 Cooperton Circle<br>Chester, VA 23836 | ·<br>                        |  |  |  |
|        | MGRM   | Tal Ezra<br>300 S. Madion Ave, Ste<br>Clearwater, FL 33756           | 10                           |  |  |  |
|        | MGRM   | JUAN Victorino<br>3005 Manison P<br>Clearcupher FL 3375              | C 10                         |  |  |  |
|        |  |  |                              |  |  |  |
|        | (Use attachment if necessary)  | •  |                              |  |  |  |
| (If an | CLE V: Effective date, if other than the coeffective date is listed, the date must or 90 days after the date of filing.) | date of filing: (C<br>be specific and cannot be more than five       | PPTIONAL)<br>e business days |  |  |  |
|        | REQUIRED SIGNATURE:  | or an authorized representative of a member.                         | 2013 APF<br>Secret<br>Tallah |  |  |  |

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)

TGI Ezra
Typed or printed name of signee

(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 in a master 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.)