

L 13000/4 2061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

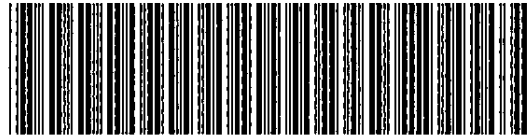
Special Instructions to Filing Officer:

OCT - 8 2013

A. LUNT

W13-51924

Office Use Only



000251251210

09/16/13--01039--028 **125.00

RECEIVED
TALLAHASSEE, FLORIDA

2013 OCT - 7 PM 3:16

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2013

ANTONIO MALDONADO
P.O. BOX 310909
MIAMI, FL 33231-0909

SUBJECT: BOAT CENTER U.S.LLC.
Ref. Number: W13000051926

We have received your document for BOAT CENTER U.S.LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 713A00021968

2013 OCT -7 PM 3:16
FILED

FILED

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Boat Center U.S.
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:

Antonio Maldonado

Name of Person

Boat Center U.S. LLC.

Firm/Company

P. O Box 310909

Address

Miami, FL 33231-0909

City/State and Zip Code

nancy@theadvantaged.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio Maldonado at **786** **258-4363**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for 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, Certificate of Status & 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

FILED
2013 OCT -7 PM 3:15
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Boat Center U.S. 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:

398 NE 79th Street

Miami, FL 33138

Mailing Address:

P.O. Box 310909

Miami, FL 33231-0909

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:

Antonio Maldonado

Name

1900 S Miami Ave

Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33129

City, State, and Zip

FILED
2013 OCT -7 PM 3:16
CLERK OF STATE
TALLAHASSEE FLORIDA

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Antonio Maldonado

1900 S Miami Ave

Miami, FL 33129

MGRM

Jose Saud

13990 NW 6th Ct.

Miami, FL 33168

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

Antonio Maldonado

Typed or printed name of signee

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)

2013 OCT -7 PM 3:16

FILED

STATE OF FLORIDA
DEPARTMENT OF STATE