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| (City | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nan | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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Effective Date 1/1/19

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SECRETARY OF STATE
ALLAHASSE OF STATE

T. HAMPI'M

COVER LETTER

| TO: Registration Division of C | | | |
|--------------------------------|---|---|---|
| SUBJECT: | uiseValue | LLC | <u> </u> |
| | Name of Limite | ed Liability Company | |
| The enclosed Articles | of Organization and fee(s) are s | submitted for filing. | |
| Please return all corres | pondence concerning this matte | er to the following: | |
| <u>Ca</u> | rol Felstei | N | |
| | | Name of Person | |
| | | | |
| | | Firm/Company | |
| 99 | 62 NW. | a ct. | |
| PI | antation | Address FL 3332 | 24 |
| | Felsteina | y/State and Zip Code | et |
| | · | or future annual report notification) | |
| For further information | n concerning this matter, please | call: | |
| Carol Fe | 1stein | at (954) 132 | -1759 |
| Nam | e of Person | Area Code & Daytime Telep | none 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 | Street/Courier Address Registration Section | |

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

Effective Date

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | | | |
|--|---|----------------------------|-----------------------|
| Cruise Value 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 L | iability C | ompar | ıy is: |
| Principal Office Address: Mailing Address: | | | |
| 9962 NW and Ct. Same | | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indibusiness entity with an active Florida registration.) | 's Signati vidual or and | ure: other | |
| The name and the Florida street address of the registered agent are: | | | |
| Florida street address (P.O. Box NOT acceptable) Plantation FL 333324 City, State, and Zip | | | |
| Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to comply all statutes relating to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for | the appoi with the pr nd I am far | ntmem rovisio miliar | t as ns of with |
| Registered Agent's Signature (REQUIRED) | SECRETAR'S TALLAHASS | 2013 HOV 27 | <u>_</u> |
| (CONTINUED) Page 1 of 2 | ARY OF STA ASSEE, FLOR | 27 PH 12: 0 | |
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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| | N A Allerman |
|--|--|
| <u>Title:</u> "MGR" = Manager | Name and Address: |
| "MGRM" = Managing Member | |
| mar | Carol Telstein |
| | 9962 NW 2 CT |
| | plantation FL 33324 |
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| (Use attachment if necessary) CLE V: Effective date, if other than the | e date of filing: Jan. 1, 2014. (OPTIONAL) |
| CLE V: Effective date, if other than the effective date is listed, the date must | ne date of filing: <u>Jan. 1</u> , <u>2014</u> . (OPTIONAL) st be specific and cannot be more than five business day |
| CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.) | ne date of filing: <u>Jon. 1</u> , <u>2014</u> . (OPTIONAL) st be specific and cannot be more than five business day |
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| ICLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.) REQUIRED SIGNATURE: | the date of filing: Jan. 1, 2014. (OPTIONAL) st be specific and cannot be more than five business day described and cannot |
| ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under I am aware that any false information.) | st be specific and cannot be more than five business day |
| ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under I am aware that any false inforconstitutes a third degree felonic | st be specific and cannot be more than five business day ler or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.) |
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| ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under I am aware that any false inforcement in the constitutes a third degree felon are in the constitutes at th | Set be specific and cannot be more than five business day over or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State may as provided for in s.817.155, F.S.) Typed or printed name of signee |