

L14000029832

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000041551 3)))



H140000415513ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : I200300000004
Phone : (407) 835-6959
Fax Number : (407) 843-4076

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

taugustyni@shutts.com

RECEIVED

14 FEB 20 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
NAUTICAL HOSPITALITY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H14000041551 3)))

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name**

The name of the Limited Liability Company is:

NAUTICAL HOSPITALITY, LLC

ARTICLE II - Street Address

The street address of the principal office of the Limited Liability Company is as follows:

9547 Blandford Road
Orlando, Florida 32827**ARTICLE III - Mailing Address**

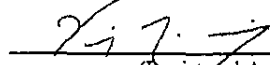
The mailing address of the principal office of the Limited Liability Company is as follows:

9547 Blandford Road
Orlando, Florida 32827**ARTICLE IV - Registered Agent and Office and
Registered Agent's Signature**

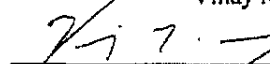
The name and the Florida street address of the registered agent is:

Vinay M. Rama
9547 Blandford Road
Orlando, Florida 32827

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 605, Florida Statutes.



(Registered Agent's Signature)
Vinay M. Rama



Signature of a member or an
authorized representative of a member.
Vinay M. Rama, Member

(In accordance with section 605.0203 (1) (b), 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, Florida Statutes)

FILED
2014 FEB 20 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA