## L14000041308

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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SECULIARY OF STATE

DEPARTMENT OF SIMI

N. Outigera

MAR 12 2014

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE: 045037

50*37* 4311863

AUTHORIZATION SMELDER MON

COST LIMIT : \$ 125.00

\_\_\_\_\_\_

ORDER DATE: March 7, 2014

ORDER TIME : 2:29 PM

ORDER NO. : 045037-005

CUSTOMER NO: 4311863

DOMESTIC FILING

NAME: FW YACHT CLUB, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes - EXT. 52920

EXAMINER'S INITIALS:



45037

## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 10, 2014

CSC STEPHANIE MILNES RESUBMIT

Please give original submission date as file date.

SUBJECT: FW YACHT CLUB, LLC Ref. Number: W14000015128

We have received your document for FW YACHT CLUB, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the Registered Agents name exactly as it appears on DOS records.

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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 814A00005129

## **COVER LETTER**

Division of (	Corporations		
SUBJECT: FW Ya	cht Club, LLC Name of Lin	nited Liability Company	
	of Organization and fee(s) a	-	
Please return all corre	spondence concerning this m	atter to the following:	
Thomas I	rankel .	Name of Person	
<u>c/o Frank</u>	el Enterprises	Firm/Company	
<u>3535 Mil</u>	itary Trail	Address	
Jupiter, F	orida 33458	City/State and Zip Code	
frankel208@aol.	com E-mail address: (to be use	d for future annual report notifica	ation)
For further informatio	n concerning this matter, plea	ase call:	
Thomas Frankel Nan	at (	561 ) 744-1033 Area Code Daytime Te	lephone Number
Enclosed is a check for	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, Certificate of Status & Certified Copy (additional copy is enclosed)
Mai	ling Address	Street/Courier Add	ress

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

TO:

**Registration Section** 

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:		
FW Yacht Club, LLC (Must end with the words "Limited"	Liability Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address:	2.mo.n.y company, 2.mo., c. 220. )	•
The mailing address and street address of the principal of	ffice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
c/o Frankel Enterprises . Inc . 3535 Military Trail Jupiter, Florida 33458	c/o Frankel Enterprises. Inc. 3535 Military Trail Impiter, Florida 33458	<u> </u>
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered Agent. You must designate an inc	tividual or
The name and the Florida street address of the registered		ZII4 SECES
Frankel Ente	erprises Inc.	AR AR T
Name	<del>-</del>	
3535 Milita	ry Trail	mg m
Florida street address (P.O. Box	NOT acceptable)	
Jupiter	FL 33458	
City	Zip	30 IDA
Having been named as registered agent and to accept service of	f process for the above stated limited liability compa	nny at .

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, F.S.

Frankel Enterprises

- Aller

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	Thomas Frankel		
	3535 Military Trail		
	Jupiter, Florida 33458		
	,		
(1) 4. d 4. (6			
(Use attachment if necessary)  CLE V: Effective date, if other than the date of effective date is listed, the date must be specte of filing.)	f filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 9	0 days af	ter
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Page 2 of 2