

L14 000058819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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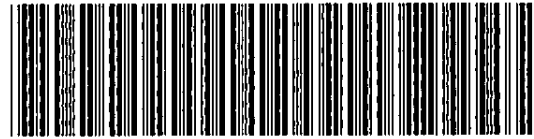
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 APR -9 AM 10:45
TO AGGREGATE
SUFFICIENT FILING

2014 APR -9 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 10 2014
T CLINE



CORPORATION SERVICE COMPANY*

ACCOUNT NO. : I20000000195

REFERENCE : 088182 4301463

AUTHORIZATION *Lyndee*

COST LIMIT : \$ 125.00

ORDER DATE : April 8, 2014

ORDER TIME : 9:28 AM

ORDER NO. : 088182-010

CUSTOMER NO: 4301463

DOMESTIC FILING

NAME: 736 OPERATING LLC

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

736 OPERATING 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:

Mailing Address:

14747 Cumberland Drive

C107

Delray Beach, FL 33446

14747 Cumberland Drive

C107

Delray Beach, FL 33446

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:

Robert Cohen

Name

14747 Cumberland Drive, C107

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

Delray Beach

FL 33446

City

Zip

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.

Robert Cohen

By: /s/ Robert Cohen

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2014 APR -9 AM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Bob's Smooth Sailing LLC

14747 Cumberland Drive C107

Delray Beach, FL 33446

AMBR

Cannon World Proprietary Limited, as trustee

for the Cannon World Trust

Level 40 Riverside Centre

Brisbane QLD 4000 Australia

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

/s/ Robert Cohen

Signature of a member or an authorized representative of a 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, F.S.)

Robert Cohen

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)