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K. SALY EXAMINER MAY 1 6 2014



ACCOUNT NO. : 12000000195
REFERENCE: 133123 7448543
AUTHORIZATION :
COST LIMIT: \$ 125.00
ORDER DATE: May 14, 2014
ORDER TIME : 8:36 AM
ORDER NO. : 133123-005
CUSTOMER NO: 7448543
DOMESTIC FILING
NAME: NBP BOAT, 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: Emily Gray - EXT. 52925
EXAMINER'S INTITALS.

COVER LETTER

то:	Registration Section Division of Corporations	•
cripu	NBP Boat, LLC	
SUBJE		mited Liability Company
The en	closed Articles of Organization and fee(s)	are submitted for filing.
Please	return all correspondence concerning this r	natter to the following:
	Stephen Scallone	
		Name of Person
		Firm/Company
	7978 Cooper Creek Blvd, Suite 10	00
		Address
	University Park, Florida 34201	
		City/State and Zip Code
	taxdepartment@benderson.com	
		(to be used for future annual report notification)
For fu	rther information concerning this matter, pl	ease call:
Steph	nen Scalione	94.1 359-8303
	Name of Person	Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:	
]\$ 125.	00 Filing Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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

ART	ICLES OF ORGANIZATIO	N FOR FLORIE	DA LIMITED LIABILI	TYCOMPANY
ARTICLE I - Name:				
The name of the Limite	d Liability Company is:			
NDD D. IIIO				30 %
NBP Boat, LLC				
()	dust end with the words "	Limited Liabil	ity Company, "L.L.C	"," or "LLC.")
ARTICLE II - Addres	ss:			70.74
	d street address of the pri	incipal office of	Tthe Limited Liability	y Company is:
_	•	-		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Principal Office Addr	ess:	Mailing Ado	dress:	(A) (3)
7978 Cooper Creek	Blvd. Suite 100	79	78 Cooper Creek B	sivd. Suite 100
University Park, Flor			iversity Park, Floric	
ADDICT CHE D		0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00	**************************************	
	tered Agent, Registered			nature: st designate an individual or
	with an active Florida re		ered rigent. 100 ma.	st designate are protestant of
•				
The name and the Flori	ida street address of the re	égistered agent	are:	
	Alicia H. Gayton			
		Name		
	70700 0 / 5			
	7978 Cooper Creek E			
	Florida street address (P.O. Box <u>NOT</u>	acceptable)	
	University Park,	ş	32401	
	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.

egistered gent's Signature (REQUIRED) Alicia H. Gayton
(CONDINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	David H. Baldauf, Manager 7978 Cooper Creek Blvd, Suite:100 University Park, Florida 34201
MGR	Stephen Scalione 7978 Cooper Creek Blvd, Suite 100 University Park, Florida 34201
(Use attachment if necessary)	
	,
effective date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day
effective date is listed, the date must be s te of filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day
effective date is listed, the date must be s te of filing.) CLE VI: Other provisions, if any.	te of filing:
effective date is listed, the date must be s te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days
effective date is listed, the date must be set of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false	nember or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

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)

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