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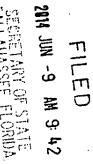
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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- COVER LETTER

Division of Corporations					
SUBJECT: _	ON	BOARD	VACHT	SERVIC	ES
		Name o	of Limited Liabili	ty Company	
The enclosed A	Artialas af Or	ganization and fee	s(a) am auhmittad	for filing	
				_	
Please return al	ll correspond	lence concerning t	his matter to the	ollowing:	
		CHRIS	TOPHER	BOLAH Person	>
<u></u>			Name of	Person	
			Firm/Co	mpany	· · ·
	1			_	
	17:	21 SW	Addr Addr	TREET	
	For	LT LAUDI	ERDALE,	FL 33 d Zip Code Me. com annual report notifica	3312
			City/State an	d Zip Code	
	Cnris E-1	mail address: (to b	Doland @ c used for future	Me. Com	ation)
For further info		cerning this matte		•	·
1 Of further fine		_	_		_
CHUSTOPH	er Bo	CAND	at () 629. 78 Daytime Te	346
	Name of	Person	Area Code	Daytime Te	lephone Number
Enclosed is a c	heck for the	following amount			
	Fec	\$130.00 Filing Fee Certificate of State	e& □\$155.0 us Certifi	0 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy
					(additional copy is enclose
	Mailing A	Address on Section		Street/Courier Add 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:		Mailing Address:	
MZI SW 19TH STRE FORT LAUDERDA	ET	SAME	
33312	LE, FL		
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration		an individual or
The name and the Florida St	reet address of the registered	-	58 2
	VERRAH BLE	avins	E CO
	1721 SW 14TH		
	rida street address (P.O. Box		0 3
			五三
	ORT LAUDEDDA/E City	Zip	ORITO F
the place designated in to capacity. I further agree to	his certificate, I hereby accept o comply with the provisions o miliar with and accept the obl	rvice of process for the above stated lime the appointment as registered agent at of all statutes relating to the proper and ligations of my position as registered ager 605, F.S.	nd agree to act in this I complete performance

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
ALCON.	
AMBR	CHRISTOPHER BOLAND 1721 SW 1474 ST
AMBR	JERRAH BLEVINS 1721 SLI 1970 ST FORT LANDON DAVE FL 23212
	ing: (OPTIONAL) and cannot be more than five business days prior to or 90 day
LE VI: Other provisions, if any.	2
•	
REQUIRED SIGNATURE:	VI BULL
Signature of a member (In accordance with section 605020 constitutes an affirmation under the	or an authorized representative of a member. (3) (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true in submitted in a document to the Department of State provided for in s.817.155, F.S.)