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Division of Corporations

Florida Department of State  
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To:

Division of Corporations  
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From:

Account Name : HUBCO  
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Phone : (516) 935-3940  
Fax Number : (800) 293-4075

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

Email Address: dbizzzi08@gmail.com

**FLORIDA LIMITED LIABILITY CO.**  
**Exclusive Marine Detailing and Yacht Services LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

14 AUG 18 AM 6:40

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Exclusive Marine Detailing and Yacht Services 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:**

17745 Gulf Boulevard, Apt. 604  
Redington Shores, FL 33708

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Redington Shores, FL 33708

**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:

Daniel Brizzi

Name

177455 Gulf Boulevard, Apt. 604

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

Redington Shores

City

FL 33708

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..*

Daniel Brizzi

Registered Agent's Signature (REQUIRED)

Daniel Brizzi

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**Daniel Brizzi17745 Gulf Boulevard, Apt. 604Redington Shores, FL 33708

(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:**Daniel Brizzi

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.)

Daniel Brizzi

Typed or printed name of signer

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