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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Cool Seas Yacht Services, LLC Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Andrew Milopoulos Name of Person	
Cool Seas Yacht Services, LLC Firm/Company	
Firm/Company	
6225 Hawks Bluff Ave Address	
Address 25	
Davie FL 33331 City/State and Zip Code	
happinessinexcess@ amail.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Andrew Milopoulos at (954) 865-9654 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{S125.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	- 4
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Cool	Seas Vach	t Se	rvices, UC	
(1)	Must end with the words "Limited l	Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address an	ss: ad street address of the principal of	fice of the Lin	nited Liability Company is	;
Principal Office Addı	ess:	Mailing A	ddress:	
6225 Hay Davie, FZ	oks Bluff Ave	David	25 Hawks R 2 ,Fc 33331	suff Ave
(The Limited Liability	tered Agent, Registered Office, & Company cannot serve as its own I with an active Florida registration	Registered Ag		ı individual or
The name and the Flor	ida street address of the registered	agent are:		<u> </u>
	Andrew Mil Name 6225 Hawks	_	S	4 AUG 25
	Florida street address (P.O. Box	NOT accepta	able)	
	Davie	FL	3333 Zip	5 5
the place designate capacity. I further a	is registered agent and to accept ser ed in this certificate, I hereby accep gree to comply with the provisions of am familiar with and accept the obj	t the appointm of all statutes i ligations of my ter 605, F.S.	is for the above stated limite nent as registered agent and relating to the proper and c position as registered agen	l agree to act in this omplete performance

Page 1 of 2

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Andrew Milopoulos 6225 Hawks Bluff tre	
	Davic , FL 33331	
AMBR	Jason Meyer Satanosky 200 NE 2nd Ave	
	Dania Beach, Fr 33004	
(Use attachment if necessary)		28
LE V: Effective date, if other than	the date of filing: (OPTIONAL)	2814 <i>j</i> s
LE V: Effective date, if other than	the date of filing: (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL)	dãy:
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CLE V: Effective date, if other than ffective date is listed, the date mue of filing.)	the date of filing: (OPTIONAL) ist be specific and cannot be more than five business days prior to, or, 90	day:
CLE V: Effective date, if other than ffective date is listed, the date mue of filing.)	ust be specific and cannot be more than five business days prior to or, 90	心 6 25 年 D:
CLE V: Effective date, if other than effective date is listed, the date must be of filling.)	ist be specific and cannot be more than five business days prior to or, 90	day:
CLE V: Effective date, if other than effective date is listed, the date must e of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with s constitutes an affirma I am aware that any factors.)	ust be specific and cannot be more than five business days prior to or, 90	(A)G 25 A(10:15

\$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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