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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Extreme Regattas, LLC Name of Limite	d Liability Company		
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.		•
Please return all correspondence concerning this matter	r to the following:	,	
George Collier Bellenger (t)			
N	lame of Person		
Extreme Regattas, LLC	irm/Company		,
		<u></u>	15-0
2627 Staples Ave, Unit A	Address		# SE
Key West, FL 33040 City/S	State and Zip Code	ARY I	#
keywestcerts@gmail.com E-mail address: (to be used for	future annual report notification)	S FILDINA SYNONIA	- P
For further information concerning this matter, please of	all:	ęm	_
George Collier Bellenger III at ( 305  Name of Person Ar	oa Code Daytime Telephone Number		٠.
Enclosed is a check for the following amount:			
Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy dditional copy is enclosed)  Certified Copy (additional copy is enclose	:d)	·
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 Tallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Extreme Regattas, LLC	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal off	ice of the Limited Liability Company is:
70 1 10 M 1 1 1	74 W A 11
Principal Office Address:	Mailing Address:
2627 Staples Ave, Unit A	2627 Staples Ave, Unit A
Key West, FL 33040	Key West, FL 33040
ARTICLE III - Registered Agent, Registered Office, &	
(The Limited Liability Company cannot serve as its own R	tegistered 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 a	igent are:
	m _ IT
Paul S. Mills, C.P.A.	
. Name	ST S
1541 Fifth Street	
Florida street address (P.O. Box 1	NOT acceptable)
Key West	FL 33040
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..

ZIA MILL CA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" ≈ Authorized Member "MGR" = Manager	Name and Address:
AMBR	George Collier Bellenger III
<del></del>	2627 Staples Ave. Unit A
	Key West, FL 33040
AMBR	Joseph Weatherby
	2627 Staples Ave, Unit B
	Key West, FL 33040
	<del></del>
<del></del>	
(Use attachment if necessary)  LE V: Effective date, if other than the dat  ffective date is listed, the date must be s  e of filing.)	e of filing:
LE V: Effective date, if other than the date frective date is listed, the date must be set of filing.)  LE VI: Other provisions, if any.	e of filing:, (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days at
LE V: Effective date, if other than the date fective date is listed, the date must be set of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man (In accordance with section 60 constitutes an affirmation und I am aware that any false inforcenstitutes a third degree felor	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the date ffective date is listed, the date must be set of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man (In accordance with section 60 constitutes an affirmation und I am aware that any false inforcenstitutes a third degree felor	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document emation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)  Typed or printed name of signee
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man (In accordance with section 60 constitutes an affirmation und I am aware that any false inforcenstitutes a third degree felor	ember or an authorized representative of a member.  55.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)

ARTICLE IV-