L14000158406

(R	equestor's Name)	
. •>)		
-; (A∈	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		!
		,

Office Use Only



700264892717

10/06/14--01021--008 **320.00

14 OCT -6 AH 7: 37
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER ~ '

TO:	Registration Division of C	section Corporations		
SUBJI	ECT: <u>Key W</u> ı	est Kayak and Paddle Boa Name of Lii	ard Rentals "LLC" mited Liability Company	
		of Organization and fee(s) a	_	
. reade	<u>Dante H</u>			
			Name of Person	
	Kev Wes	st Kayak and Paddle Board	d Rentals "LLC"	
	<u> </u>	riayan ana radalo 20an	Firm/Company	
	_1655 rec	ordan ct apt 2		
			Address	
	Key Wes	et Fl 33040	City/State and Zip Code	
_rb	fitnesstraining	n@amail.com	d for future annual report notifica	ntion)
For fur	ther informatio	n concerning this matter, ple	ase call:	
Dante	Harper Nan	at (at (at (at (at (305) 3952017 Area Code Daytime Te	lephone Number
Enclos	ed is a check fo	or the following amount:		
□ \$125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		iling Address istration Section	Street/Courier Add Registration Section	res <u>s</u>

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:	
Key West Kayak and Paddle Board Rentals "LLC"	
(Must end with the words "Limited ARTICLE II - Address: The mailing address and street address of the principal o	I Liability Company, "L.L.C.," or "LLC.") office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1655 reordan ct apt 2, Key West FL 33040	1655 reordan ct apt 2. Key West FL 330
ARTICLE III - Registered Agent, Registered Office, The Limited Liability Company cannot serve as its own another business entity with an active Florida registration. The name and the Florida street address of the registered	Registered Agent. You must designate an individual or on.)
Dante Harper	
Name	,
1655 reordan ct apt 2 Florida street address (P.O. Box	x <u>NOT</u> acceptable)
Key West	FL 33040
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob	ervice of process for the above stated limited liability company a soft the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance of all statutes relating as registered agent as provided for in other 605, F.S
Registered Agent's Signa	
(CONTINU	TED)
Page 1 of 2	RY OF SI

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
"AMBR"	Rashad Harper 1655 reordan ct apt 2, Key West FI 33040
"AMBR"	Dante Harper 1655 reordan ct apt 2, Key West, F
(Use attachment if necessary)	
LE V: Effective date, if other than fective date is listed, the date mu	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 9
LE V: Effective date, if other than ffective date is listed, the date mue of filing.)	
CLE V: Effective date, if other than ffective date is listed, the date muse of filing.)	
CLE V: Effective date, if other than ffective date is listed, the date mu e of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	st be specific and cannot be more than five business days prior to or 9
CLE V: Effective date, if other than effective date is listed, the date muse of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmati I am aware that any fal	of a member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Is information submitted in a document to the Department of State
CLE V: Effective date, if other than effective date is listed, the date muste of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmati I am aware that any fal	of a member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other than effective date is listed, the date muste of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmati I am aware that any fal	of a member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document ion inder the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.) Typed or printed name of signee
CLE V: Effective date, if other than effective date is listed, the date muste of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmati I am aware that any fal constitutes a third degree	of a member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document ion inder the penalties of perjury that the facts stated herein are true. is information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: s of Organization and Designation of Registered Agent

Page 2 of 2

14 OCT -6 AM 7: 37