

L14000192798

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

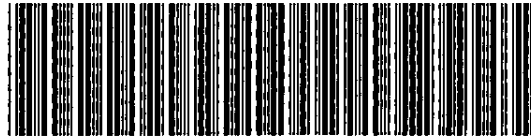
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

[Signature] 12/18/14

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November 25, 2014

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

SUBJECT: YACHTS CENTRIC, LLC

Enclosed please find original Articles of YACHTS CENTRIC, LLC to be filed along with our firm check in the amount of \$160.00, to include the \$125.00 filing fee, \$30.00 certified copy of record fee and \$5.00 certificate of status fee.

I have also enclosed a stamped self-addressed envelope for return of the documents. Please return all correspondence concerning this matter to the following:

Law Office of J. Mark Fisher
Attn: Sandy Duh
181 Eglin Pkwy, NE
Fort Walton Beach, FL 32548

For further information concerning this matter, please call: at (850) 244-8989.

Sincerely,

/s/ Miranda Simpson Yancey
Miranda Simpson Yancey

MSY/sd

**ARTICLES OF ORGANIZATION OF
YACHTS CENTRIC, LLC**

ARTICLE I. Name

The name of the limited liability company shall be **YACHTS CENTRIC, LLC**.

ARTICLE II. Address

The street address of the principal office and mailing address of **YACHTS CENTRIC, LLC** is:

Principal Office Address: 1309 SW Seahawk Way, Palm City, FL 34990

Mailing Address: 1309 SW Seahawk Way, Palm City, FL 34990

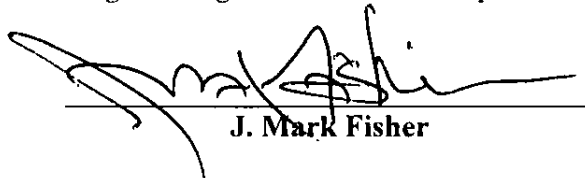
ARTICLE III. Registered Agent, Registered Office & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and street address of the registered agent of the company in the State of Florida is:

J. Mark Fisher

181 Eglin Pkwy, NE, Ft. Walton Beach, FL 32548

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 the Statutes governing the same and accept the obligations of my position as registered agent.


J. Mark Fisher

ARTICLE IV. Manager(s) or Managing Member (s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

Blaine A. Mitchell - MGR
BLAIRE A. MITCHELL
1309 SW Seahawk Way, Palm City, FL 34990

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE V. Effective Date

If other than the date of filing: _____ (OPTIONAL)

REQUIRED SIGNATURE:

Blaine A. Mitchell
BLAIRE A. MITCHELL

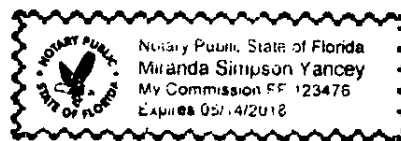
(In accordance with section 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817-155, F.S.)

STATE OF FLORIDA
COUNTY OF OKALOOSA

Sworn to and subscribed before me, by **BLAIRE A. MITCHELL** on 11/25/2014

[Signature]
Notary Public

This Instrument prepared by:
J. Mark Fisher, Esq., 181 Eglin Pkwy, NE
Ft. Walton Beach, FL 32548
(850) 244-8989 or Toll Free 1-800-977-9733



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