## L15000067434

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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03/30/15--01009--011 \*\*130.00



APR: 1.7 2015

## **COVER LETTER**

10: Registration Division of C	Section Corporations			
SUBJECT: Seven	Seas Yacht Services LLC Name of Li	mited Liability Company		
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.		
	spondence concerning this m	_		
Kelin Xia	ng			
•		Name of Person		
<del> </del>		Firm/Company		
1365 W	49TH ST	Address		
		Audiess		
<u>Hialeah,</u>	FL 33012	City/State and Zip Code	30.00	2015
<u>sevenseasyach</u>	tservices@gmail.com E-mail address: (to be use	ed for future annual report notifica	ation)	2015 MAR 30
For further information	n concerning this matter, ple	ase call:	(1) 1년 1년 1년 1년 1년 1년 1년 1년 1년 1년 1년 1년 1년	2 1
John Mehia Nam	at (_	786 ) 556-1751 Area Code Daytime Te	lephone Number	PH 4: 07
Enclosed is a check fo	r the following amount:			
☐ \$125.00 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 enclose	
	ling Address stration Section	Street/Courier Add Registration Section	ress	

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:		
Seven Seas Yacht Services LLC.	"Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1365 W 49TH ST HIALEAH, FL 33012 UNITED STATES	1365 W 49TH ST HIALEAH, FL 33012 UNITED STATES	
another business entity with an active Florida real.  The name and the Florida street address of the re		ual or
KELIN XIANG	Name	2
1365 W 49TH ST Florida street address (P	P.O. Box NOT acceptable)	35
HIALEAH	FL 33012	O pas
City	Zip	3 11
the place designated in this certificate, I hereb capacity. I further agree to comply with the pro of my duties, and I am familiar with and accep	toccept service of process for the above stated limited liability by accept the appointment as registered agent and agree to ovisions of all statutes relating to the proper and complete pot the obligations of my position as registered agent as provided the control of the cont	actiin this performance

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	KELIN XIANG
	1365 W 49TH ST,
	HIALEAH, FL 33012
AMBR	JOHN MEHIA
Timort	1365 W 49TH ST.
	HIALEAH, FL 33012
(Use attachment if necessary)	
	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days a
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) CLE VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 days a
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CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section contributes an effermation)	a member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation I am aware that any false)	a member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  n 605.0203 (1) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
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Page 2 of 2