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SECRETARY OF STATE

Mur

COVER LETTER

Div	vision of Corporations
SUBJECT:	FLOTILLA 3-2, LLC
	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	CHRIS DONNELLY
•	Name of Person
	Firm/Company
	3020 NE 32nd AVENUE, UNIT 803
•	Address
	FT LAUDERDALE, FL 33308
c	City/State and Zip Code hrisdonnelly8@gmail.com
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
(Chris Donnelly 954 298-5113
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fili	Sing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional copy is enclos

Mailing Address

TO:

Registration Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Flotilla 3-2, LLC	the worde "Limited Li	iability Compan	y, "L.L.C.," or "LLC.")	-
(Must end with	the words Limited Li	iaumty Compan	y, L.E.C., or ELC.	
RTICLE II - Address: e mailing address and street addres	ss of the principal offic	ce of the Limite	d Liability Company is:	
Principal O	ffice Address:		Mailing Address:	
601 Seabreeze Boulevard	i	601	Seabreeze Boulevard	
FT LAUDERDALE, FL	33316	Ft.	Lauderdale, FL 33316	•
The Limited Liability Company cann	not serve as its own Re	egistered Agent.	ent's Signature: You must designate an individual or	
The Limited Liability Company cannother business entity with an active	not serve as its own Re e Florida registration.)	egistered Agent.		2015 AU
The Limited Liability Company cannother business entity with an active	not serve as its own Re e Florida registration.)	egistered Agent.		2015 405
The Limited Liability Company cannother business entity with an active he name and the Florida street address.	not serve as its own Re e Florida registration.) ess of the registered ag hris Donnelly	egistered Agent.) gent are:		2015 AUS-1
The Limited Liability Company cannother business entity with an active he name and the Florida street address.	not serve as its own Re e Florida registration.) ess of the registered ag hris Donnelly	egistered Agent.		2015 AUS -1
The Limited Liability Company cannother business entity with an active he name and the Florida street address.	not serve as its own Re e Florida registration.) ess of the registered ag hris Donnelly	egistered Agent. gent are:		2015 AUS 1
nother business entity with an active the name and the Florida street address of the control of	not serve as its own Re e Florida registration.) ess of the registered ag thris Donnelly	egistered Agent. gent are: Name Unit 803	You must designate an individual or	(-
The Limited Liability Company cannother business entity with an active the name and the Florida street address of the company cannother business entity with an active the name and the Florida street address of the company cannot be company to the company cannot be company to the company cannot be co	not serve as its own Re e Florida registration.) ess of the registered ag thris Donnelly N 020 NE 32nd Avenue,	egistered Agent. gent are: Name Unit 803	You must designate an individual or	2015 AUS TO STATE

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Anthony Anastasio
	1050 Woodfall Court
	Weston, FL 33326
MGR	Thomas Stenger
	760 S.E. 2nd Avenue
	Deerfield Beach, FL 33441
MGR	Colin Taylor
WOK	534 N.W. 129th Way
	Pembroke Pines, FL 33028
MGR	Chris Donnelly
	3020 NE 32nd Avenue, Unit 803
	Ft. Lauderdale, FL 33308
CV: Effective date, if other than the date tive date is listed, the date must be so filing.) the date inserted in this block does not	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will no
ective date is listed, the date must be s of filing.)	specific and cannot be more than five business days prior to or 90 to meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a I This document is exect I am aware that any faconstitutes a third degree.	t meet the applicable statutory filing requirements, this date will not of State's records. member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. Itse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a I This document is exect I am aware that any fails.	t meet the applicable statutory filing requirements, this date will not of State's records. member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. Itse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.

· ARTICLE IV-

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)