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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

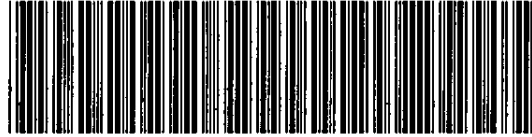
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

114

BOATPAMI, LLC  
3216 S. Lakeview Circle  
5-102  
NHI, FL 34949

New Filing Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Please find enclosed our Articles of Organization and a check made payable to the Florida Department of State, for our new organization, BOATPAMI, LLC.

Should you have any questions or issues, please contact Michael C. Dimov at 717.877.6453 or via email, at [mdimov@comcast.net](mailto:mdimov@comcast.net).

Please send letter of acknowledgement to Mr. F. Ben Page at our Principal Office address listed.

Regards,



Mike Dimov  
AMBR – BOATPAMI, LLC

3/25/2016

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BOATPAMI, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3216 S. Lakeview Cir, 5-102  
North Hutchinson Island FL 34949

Same  
\_\_\_\_\_  
\_\_\_\_\_

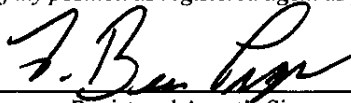
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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 the Florida street address of the registered agent are:

Ben Page  
Name  
3216 South Lakeview Circle, 5-102  
Florida street address (P.O. Box **NOT** acceptable)  
North Hutchinson Island FL 34949  
City State 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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Ben Page

3216 South Lakeview Circle, 5-102

North Hutchinson Island FL 34949

AMBR

Mike Dimov

3210 South Lakeview Circle, 3-102

North Hutchinson Island FL 34949

(Use attachment if necessary)

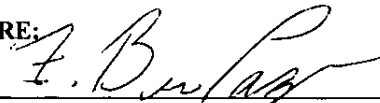
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

F. BEN PAGE

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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