11600008234

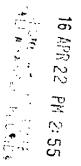
| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | tdress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | i |
| | | |
| | | |
| | | |

Office Use Only



100284680551

04/22/16--01026--005 *+130.00



APR 28 2016. S. GILBERT

COVER LETTER

| | gistration Section vision of Corporations | |
|----------------|---|---|
| SUBJECT: | Bow To | Stern Yacht Services LLC |
| | | nited Liability Company |
| The enclose | ed Articles of Organization and fee(s) ar | e submitted for filing. |
| Please retur | n all correspondence concerning this ma | atter to the following: |
| | David Lo | ours Borrack |
| | | Name of Person |
| | Bow To | Stern Yacht Services LLC |
| | | Firm/Company |
| _ | 557 SW [| Riverieu Are |
| | | Address |
| , | Stuart, F | City/State and Zip Code |
| .' | · | City/State and Zip Code |
| _ | DC MOK | for future annual report notification) |
| | | |
| For further in | formation concerning this matter, please | e call: |
| _ | David at (| 772, 485-5983 |
| | Name of Person A | rea Code Daytime Telephone Number |
| Enclosed is | a check for the following amount: | |
|]\$125.00 Fil | ing Fee \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| | Mailing Address | Street Address |
| | New Filing Section | New Filing Section |
| | Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| ARTICLE I - Name: The name of the Limited Liability | Company is: | | | | 4400 |
|--|---|--|---|--|--------------------------|
| Bo | Company is: To S ith the words "Limited L | item | Yach+: | Services | PLZE PM 2: 55 |
| (Must end w | ith the words "Limited L | iability Com | pany, "L.L.C.," or "l | LLC.") | A PAINT PAINT |
| ARTICLE II - Address: The mailing address and street add | | | | | · · · /] / . /c. |
| <u>Principal</u> | Office Address: | | <u>Mail</u> | ling Address: | |
| 3640 ME Lind | 2 Dr. Beach, FL 34957 | | 557 Sc | Livenier FL 34994 | S. Are |
| ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac | annot serve as its own R | egistered Ag | | | r |
| The name and the Florida street ad | <u> </u> | - | is Borrac | <u>u</u> | |
| | David 577 Sw | Name Rive | view Are | _ | |
| | Florida street address (| P.O. Box No | OT acceptable) | | |
| J. | Stuart | FL | 3499 Zip | 7 | |
| | City | State | Zip | | |
| laving been named as registered ag lace designated in this certificate, I urther agree to comply with the pro m familiar with and accept the obli | hereby accept the appoint visions of all statutes relagations of my position as | ntment as reg tting to the pro- registered a | ristered agent and ag roper and complete p | ree to act in this cap performance of my di in Chapter 605, F.S. | acity. I uties, and I |

(CONTINUED)

Page 1 of 2

| | | Name and Address: |
|---|--|--|
| "AMBR" = Authorize | ed Member | |
| "MGR" = Manager | • | |
| A(3) | _AMBR | David Louis Borrace |
| | | _ 557 Sw Riverieus Are |
| | | Stuart, FL 34994. |
| | | |
| | | |
| | | |
| • | | |
| | | |
| | | |
| | _ | · |
| | | |
| | | |
| | | |
| <u> </u> | _ | |
| | | |
| | | |
| | | |
| | | • |
| E V: Effective date, if ective date, the | other than the date of f | iling: April 11, 2016 (OPTIONAL) ic and cannot be more than five business days prior to or 90 |
| ective date is listed, the filing.) the date inserted in the | other than the date of f the date must be specifically block does not meet on the Department of S | ic and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will no |
| E V: Effective date, if ective date is listed, the filling.) the date inserted in the ment's effective date of | other than the date of f the date must be specifically block does not meet on the Department of S | ic and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will no |
| EV: Effective date, if ctive date is listed, the filing.) the date inserted in the nent's effective date of EVI: Other provisions | other than the date of five date must be specifically block does not meet on the Department of So, if any. | ic and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will no |
| EV: Effective date, if ctive date is listed, the filing.) the date inserted in the nent's effective date of EVI: Other provisions | other than the date of five date must be specifically block does not meet on the Department of So, if any. | the applicable statutory filing requirements, this date will no state's records. |
| EV: Effective date, if ctive date is listed, the filing.) the date inserted in the nent's effective date of EVI: Other provisions | other than the date of five date must be specific is block does not meet on the Department of States, if any. | ic and cannot be more than five business days prior to or 96 the applicable statutory filing requirements, this date will no state's records. |
| E V: Effective date, if ctive date is listed, the filing.) the date inserted in the nent's effective date of E VI: Other provisions | other than the date of five date must be specific is block does not meet on the Department of States, if any. | the applicable statutory filing requirements, this date will no state's records. |
| E V: Effective date, if ctive date is listed, the filling.) the date inserted in the nent's effective date of E VI: Other provisions REOUIRED SIGNA | other than the date of five date must be specific is block does not meet on the Department of States, if any. TURE: Signature of a memble ocument is executed in the date of the specific is specific. | the applicable statutory filing requirements, this date will no state's records. er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. |
| E V: Effective date, if ctive date is listed, the filing.) the date inserted in the nent's effective date of E VI: Other provisions REOUIRED SIGNA This of I am a | other than the date of five date must be specific is block does not meet on the Department of States, if any. TURE: Signature of a memble ocument is executed it ware that any false informatical contents and the second contents are that any false informatical contents are the second contents | the applicable statutory filing requirements, this date will no state's records. er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State |
| E V: Effective date, if rective date is listed, the filing.) the date inserted in the nent's effective date of E VI: Other provisions REOUIRED SIGNA This of I am a | other than the date of fine date must be specific is block does not meet on the Department of States, if any. TURE: Signature of a memb document is executed it ware that any false infitutes a third degree fellowere | the applicable statutory filing requirements, this date will no state's records. er or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes. Formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S. |
| E V: Effective date, if rective date is listed, the filing.) the date inserted in the nent's effective date of E VI: Other provisions REOUIRED SIGNA This of I am a | other than the date of fine date must be specific is block does not meet on the Department of States, if any. TURE: Signature of a memb document is executed it ware that any false infitutes a third degree fellowere | the applicable statutory filing requirements, this date will no state's records. er or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes. Formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S. |
| E V: Effective date, if sective date is listed, the filing.) the date inserted in the ment's effective date of E VI: Other provisions REOUIRED SIGNA This of I am a | other than the date of fine date must be specific is block does not meet on the Department of States, if any. TURE: Signature of a memb document is executed it ware that any false infitutes a third degree fellowere | the applicable statutory filing requirements, this date will no state's records. er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State |

as

ARTICLE IV-

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