116000183726

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(Address)				
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(City/State/Zip/Phone #)				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 20, 2016

BLAKE WINTERMUTE 550 N. DOVER RD. TEQUESTA, FL 33469

SUBJECT: B & W BOATWORKS, LLC

Ref. Number: W16000064840

We have received your document for B & W BOATWORKS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LEC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "Ltd.," and "Co."

The document number of the name conflict is .

P12000095362

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 116A00020121

www.sunbiz.org

COVER LETTER

	vision of Co			
SUBJECT:	BA	W Marine Wo	irks, LLC	
SCIMBET		Name of Li	imited Liability Company	
The enclose	ed Articles of	Organization and fee(s) a	are submitted for filing.	
Please retur	n all correspo	ondence concerning this n	natter to the following:	
		Blake L	Nintermute Name of Person	
			Name of Person	
	B	ew marine h	Julks, LLC	
			Firm/Company	
	550	DN. Dover	Rd. 8	
			Address	
		equesta, FL	33469 City/State and Zip Code	
changed ->			-	
• 7		bw marineworl	KS@gmall.Com	
		E-mail address: (to be use	ed for future annual report notificati	ion)
For further in	nformation co	ncerning this matter, plea	ise call:	
	Blake	Wintermute at (561 262-778 Area Code Daytime Telephon	5
	Nan	ne of Person	Area Code Daytime Telephon	e Number
Enclosed is	a check for	the following amount:		
\$125.00 Fi	ling 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 enclosed)
	N # - 92	A 33	Canada Addusas	

Mailing Address

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

The name of the Limited Liab	ility Company is:			
B & v	Marine works N -Boat works , LL	C .		
(Must er	d with the words "Limited L	iability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	t address of the principal off	ice of the Lin	nited Liability Company is:	
Principal Office Address: Marine works BRW Boatworks, LLC. 550 N. Dover Rd. Tequesta, FL 33469		·	Mailing Address: Mailer works B & W Boatworks, LLC. 550 N. Dover Rd. Teguesta, FL 33469	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	ny cannot serve as its own R	legistered Ag		idividual or
The name and the Florida stre	et address of the registered a	igent are:		
	Blake	₩;^ } e Name	cmute	
	Florida street address	<u>, Dovec</u> (P.O. Box N	Macceptable)	
	Tequesta	FL	33469 _{Zip}	
	City	State	Zip	
Having been named as registere place designated in this certifica urther agree to comply with the um familiar with and accept the	tte, I hereby accept the appoi provisions of all statutes rele obligations of my position as	intment as reg ating to the pr s registered as	istered agent and agree to act oper and complete performar	t in this capacity. I nce of my duties, and I
		(CONTINU	ED)	
		Page 1 of	2	2

2016 SEP 19 AH 8: 07

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MG(L)	Blake Wintermute SSO N. Dover Rd. Tequesta, FL 33469
AMBR	Kayla Wintermute 550 N. Dover Rd. Tequesta, FL 33469
e date of filing.)	e date of filing:
ie nacilment s effective nate an the Liebant	ment of State's records.
RTICLE VI: Other provisions, if any.	
RTICLE VI: Other provisions, if any.	
RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	25 MJ
REOUIRED SIGNATURE: Signature of This document is e I am aware that any	Ta member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

ARTICLE IV-

Page 2 of 2

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) SEPTOMENT SEALS