

L16000186619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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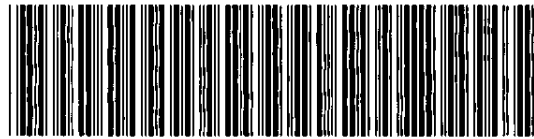
(Business Entity Name)

(Document Number)

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16 OCT - 7 4:11:03

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CLERK OF COURT

16 OCT - 7 4:11:03
SUFFOLK COUNTY

C. GOLDEN

OCT - 7 2016

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 320812 4362581

AUTHORIZATION :

Lyndee Coleman

COST LIMIT : \$ 125.00

ORDER DATE : October 6, 2016

ORDER TIME : 8:44 AM

ORDER NO. : 320812-005

CUSTOMER NO: 4362581

DOMESTIC FILING

NAME: SHIPSHAPE VACATIONS LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

16 OCT -7 PM 4:29
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16 OCT -7 PM 4:23

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is Shipshape Vacations LLC.

ARTICLE II - Address:

The mailing address and street address of the principle office of the Limited Liability Company are:

Principal Office Address:

250 South Ocean Boulevard
Unit 15D
Boca Raton, FL 33432

Mailing Address:

250 South Ocean Boulevard
Unit 15D
Boca Raton, FL 33432

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

The name and the Florida street address of the registered agent are:

Andrew Cohen
250 South Ocean Boulevard
Unit 15D
Boca Raton, FL 33432

Having been named as a 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..



Andrew Cohen, Registered Agent

(CONTINUED)

ARTICLE IV - Member/Manager:

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

Title:

"AMBR" = Authorized Member"

"MGR" = Manager

Name And Address:

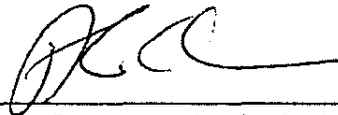
AMBR

Andrew Cohen
250 South Ocean Boulevard
Unit 15D
Boca Raton, FL 33432

AMBR

SJPE Inc.
c/o Sanford J. Pukel, President
434 Aragon Avenue
Coral Gables, FL 33134

REQUIRED SIGNATURE:



Andrew Cohen, Authorized Member

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.

Andrew Cohen

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)

16 OCT - 1 01 5 20
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