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DEPARTMENT OF STATE
16 OCT 28 PM 3: 57

FILED
16 OCT 28 AM 11: 55

C. GOLDEN

OCT 31 2016

SUNSHINE CORPORATE FILING OF FLORIDA INC.

Date: 10-28-16

ENTITY NAME:

GATEWAY BOATS LLC

PLEASE FILE THE ATTACHED AND RETURN:

XX
- Plain Copy
- Certified Copy

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:

Document Number:_____

_____ Certified Copy of Arts & Amendments

_____ Certificate of Good Standing

APOSTILLE'/NOTARIAL CERTIFICATION:

COUNTRY OF DESTINATION_____

NUMBER OF CERTIFICATES REQUESTED_____

TOTAL AMOUNT OWED: 155

CHECK NUMBER: 3014

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

<u>GATEWAY BOATS, LLC</u>
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
David Silverstein	David Silverstein
40 Prince Street, #7B	40 Prince Street, #7B
New York, NY 10012	New York, NY 10012

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:

<u>NRAI Services, Inc.</u>
Name

<u>1200 South Pine Island Road</u>
Florida street address (P.O. Box **NOT** acceptable)
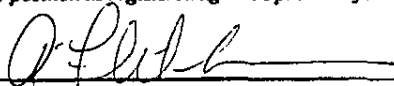
<u>Plantation</u>	<u>FL</u>	<u>33324</u>
City	State	Zip

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)

Page 1 of 2

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

AMBR

Name and Address:

David Silverstein
40 Prince Street, #7B
New York, NY 10012
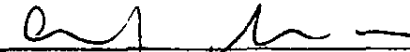
(Use attachment if necessary)

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:

X _____
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.

David Silverstein
_____
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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