Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES

Account Number: 075350000353

Phone Fax Number : (800)221-2972 : (888)692-9256

Enter the email address for this business entity to be used for fulfure Association and address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. **USAIN BOAT LLC**

Certificate of Status	0
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Corporate Filing Menu

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From:

12/06/2016 09:59

#202 P.002/003

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2016 DEC -6 AM 10: 48

ARTICLE I - Name:

The name of the Limited Liability Company is:

SELIGITARY OF STATE TALLAHASSEE, FLORIDA

Usain Boot LLC

(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:

rincipal Office Andress:	Mailing Address:
535 Fifth Ave 30th Fi	535 Fifth Ave 30th Fl
New York, NY 10017	New York, NY 10017

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:

BlumbergExcelsion	Corporate Service:	s, Inc.
	Name	
155 Office Plaza Dr	ive 1st Floor	
Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)
Tallahassee	FL	32301
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.

The Moira, ASH SCC.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

From:

12/06/2016 10:00

#202 P.003/003

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Authorized Member MGR" = Manager Jesse Stein 470 West Matheson Key Biscayne, FL 33149 Use attachment if necessary) V: Effective date, if other than the date of filing: tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. EQUIRED 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.	<u> Fitle:</u>		INTERNACE ET
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