

U700006723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

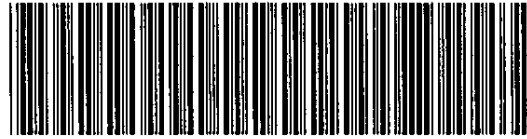
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAR 20 AM 7:50

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: QUALITY BOAT WORKS, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANCIS W. KENTISH
Name of Person
QUALITY BOAT WORKS, LLC
Firm/Company
149 ALAMEDA DR
Address
KISSIMMEE FL. 34743
City/State and Zip Code
fkentish@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANCIS W. KENTISH 407 791-7004
Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- \$125.00 Filing 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)

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

March 14, 2017

Francis W. Kentish
149 Alameda Dr.
Kissimmee, FL. 34743

Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

re: QUALITY BOAT WORKS, LLC
Florida Document Number: L15000046639

I am releasing and will no longer be utilizing the name of QUALITY BOAT WORKS, LLC in regular Business. I also authorize the enclosed articles to be filed. In reference to the document number# L15000046639, I no longer will be using in regular commerce the name of QUALITY BOAT WORKS, LLC

Cordially,



FRANCIS W. KENTISH

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

QUALITY BOAT WORKS, LLC

(Must contain 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:

Principal Office Address:

Mailing Address:

149 ALAMEDA DR
KISSIMMEE, FL. 34743

149 ALAMEDA DR
KISSIMMEE, FL. 34743

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:

ROWAN G. OGARRO

Name

149 ALAMEDA DR

Florida street address (P.O. Box **NOT** acceptable)

<u>KISSIMMEE</u>	<u>FL</u>	<u>34743</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.

Rowan Ogarro

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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17 MAR 20 AM 7:51
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TALLAHASSEE, FLORIDA

ARTICLE IV-

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:

(Use attachment if necessary)

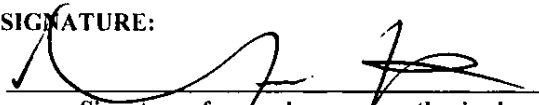
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Francis W. Kentish

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)