

L18000138615

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000171410 3)))



H180001714103ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : SHUFFIELD LOWMAN
Account Number : 120030000118
Phone : (407) 581-9800
Fax Number : (407) 581-9801

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: REGISTEREDAGENT-WRL@SHUFFIELDLOWMAN.COM

**FLORIDA LIMITED LIABILITY CO.
CITY MARINA AT VERO BEACH, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

2018 JUN -6 PM 4:29

REGISTRATION
COMMERCIAL
SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2018 JUN -6 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H18000171410 3)))

FILED**2018 JUN -6 AM 10:45**

**ARTICLES OF ORGANIZATION
OF
CITY MARINA AT VERO BEACH, LLC
A Florida Limited Liability Company**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**ARTICLE I
NAME**

The name of this limited liability company is CITY MARINA AT VERO BEACH, LLC, referred to in these Articles of Organization as the "Company."

**ARTICLE II
MAILING AND STREET ADDRESS**

The street address of the principal office of the Company is as follows:

8685 U.S. Hwy 1 N
Sebastian, FL 32976

The mailing address of the principal office of the Company is as follows:

8685 U.S. Hwy 1 N
Sebastian, FL 32976

**ARTICLE III
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 605.0207, Florida Statutes, the Company's existence shall be deemed to have commenced on June 6, 2018.

**ARTICLE IV
REGISTERED AGENT**

The name and Florida street address of the initial Registered Agent are as follows:

William R. Lowman, Jr., Esq.
Shufflied, Lowman & Wilson, P.A.
1000 Legion Place, Suite 1700
Orlando, FL 32801

(((H18000171410 3)))

ARTICLE V MANAGEMENT

The name and address of each person initially authorized to manage and control the Company, until their successors are appointed, are as follows:


Title	Name and Address
Manager	Thomas P. Kennedy 8685 U.S. Hwy 1 N Sebastian, FL 32976

2018 JUN - 6 AM 10:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

ARTICLE VI APPLICABLE LAW

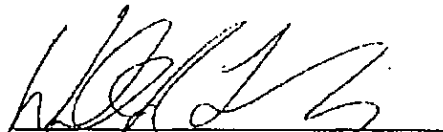
The Company is created pursuant to Chapter 605, Florida Statutes, and shall be governed by the laws of the State of Florida.


 William R. Lowman, Jr., Esq., as
 Authorized Representative

ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

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 of the Florida Statutes.


 William R. Lowman, Jr., Esq.