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Account Number : 076326003550  
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Email Address: charlie.nicklaus@icloud.com

FLORIDA LIMITED LIABILITY CO.  
C. NICKLAUSSTARLING & ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION  
OF  
C. NICKLAUSSTARLING & ASSOCIATES, LLC**

The undersigned Authorized Representative of a Member, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Act, Florida Statutes Chapter 605 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

**ARTICLE I — NAME**

The name of the limited liability company is C. NICKLAUSSTARLING & ASSOCIATES, LLC (the "Company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Company is:

525 S. Flagler Dr. — Suite 500  
West Palm Beach, FL 33401

**ARTICLE III - REGISTERED AGENT**

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

Haile, Shaw & Pfaffenberger, P.A.  
660 U.S. Highway One - Third Floor  
North Palm Beach, FL 33408

*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.*

Haile Shaw & Pfaffenberger, P.A.

By:   
Philip M. DiComio, Esq.

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#### ARTICLE IV — MANAGEMENT

The Company will be manager managed, and the manager may, but does not have to be a member. The name and address of the initial authorized manager of the Company is:

<u>Title</u>	<u>Name and Address</u>
Manager	ECN Yacht Sales, LLC 1295 U.S. Highway One – Third Floor North Palm Beach, FL 33408
Manager	Victor R. Starling & Associates, LLC 515 40 <sup>th</sup> Street West Palm Beach, FL 33407

Dated: September 20, 2018

#### REQUIRED SIGNATURE

  
Philip M. DiComo  
Authorized Representative

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

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