

Division of Corporations
Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.
Yacht Doc of Jensen Beach, LLC

Certificate of Status	0
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Page Count	02
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SECRETARY OF STATE
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July 10, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FAST KIT CORP

SUBJECT: YACHT OF JENSEN BEACH LLC DBA YACHT DOC
REF: W19000063146

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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Marti Simmons
Regulatory Specialist II
New Filing Section

FAX Aud. #: B19000209163
Letter Number: 819A00013927

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is:

Yacht Doc of Jensen Beach, LLC

ARTICLE II - ADDRESS

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

2140 NW Sunset Blvd.
Jensen Beach, FL 34957

Article III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida address of the registered agent is:

Mark R. Willkneon
2140 NW Sunset Blvd.
Jensen Beach, FL 34957

Article IV - Managing Member/Manager:

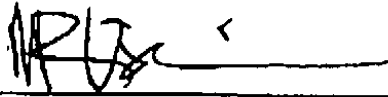
The name and the address of managing member/manager is:

Mark R. Wilkinson
2140 NW Sunset Blvd.
Jensen Beach, FL 34957

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 805 F.S.

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TALLAHASSEE, FLORIDA

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Registered Agent's Signature:



Member or authorized representative member.

IN ACCORDANCE WITH SECTION 605.0203, FLORIDA
STATUTES, THE EXECUTION OF THIS DOCUMENT
CONSTITUTES AN AFFIRMATION UNDER THE PENALTIES OF
PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

Mark R. Wilkinson
Signee