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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPOLICENSE, INC.

Account Number : 120059000118

Phone Fax Number : (305)774-9606 : (305)774-9660

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## FLORIDA LIMITED LIABILITY CO. MAY BOATS, LLC

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF MAV BOATS, LLC

### ARTICLE I - NAME:

The name of the Limited Liability Company Is:

### MAV BOATS, LLC

### **ARTICLE II - ADDRESS:**

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

2900 NW 77th Court Miami, FL 33122

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

Miguel Villacres 2900 NW 77th Court Miami, FL 33122

Having been named as registered agent and to accept service of process for the above stated Lim ited 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.

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### ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

TITLE: NAME AND ADDRESS

AMBR MIGUEL VILLACRES

2900 NW 77th Court Miami, FL 33122

> Miguel Villacres 2900 NW 77th Court Miami, FL 33122

(In accordance with section 605.0201, Florida Statutes, The execution of this document constitutes an affirmation under The penalties of perjury that the facts stated herein are true)

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