## L20000148815

(Re	questor's Name)	
(Ad	dress)	
- (Ad	dress)	
(Cit	y/State/Zip/Phone	<i>÷</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

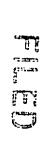
Office Use Only



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SECING CHAIL OF STATE
TALLAHASSEE, FL



## COVER LETTER

TO: Division of Corporations						
SUBJECT: Yach - Corpor Name of Limit	ited Liability Company					
The enclosed Articles of Organization and fee(s) are	submitted for filing.					
Please return all correspondence concerning this mat	ter to the following:					
William Ray	mond Fisher J Name of Person					
- yacht carpont	Firm/Company					
1804 SW 20th	St Swit B					
Ft Laudurdale FC 33315 City/State and Zip Code						
WILL PISHENE GMAIL	WILEFISHER GMail. Com					
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:						
William Fisher at (9) Name of Person Are	177 ) 245-1019 ea Code Daytime Telephone N	umber				
Enclosed is a check for the following amount:						
□\$125.00 Filing Fee	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is en Sed)				
Mailing Address	Street Address	, <del>,</del> ,				
New Filing Section Division of Corporations	New Filing Section Division of Corporations	<b>美海 心</b>				
P.O. Box 6327	Clifton Building	PH SSE SSE				

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	ΤĮ	C	LF.	ı	- N	Vai	me	:
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The name of the Limited Liability Company is:

Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLÉ II - Address:

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

Principal Office Address:	Mailing Address:			
GOUSW 20thSt Sink B	POUT CANDADANE, PLORIDA			

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:

William R Fisher

Name

1804 SW 20th St Switt B

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

Fort Laududale FL 333K

City State 7ip

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..

Registered Agent's Signature (REOURED)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	No. 11 to A and a second of
	1704 CL 20th CT CH P
	PIRE LAVOERDACE FLORIDA 3331)
·····	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of the date is listed, the date must be	11 L 20020
(If an effective date is listed, the date must be	ate of filing: 4-6-800 (OPTIONAL)
the date of filing.)	specific and cannot be more than five business days prior to or 90 days after
	ot meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departme	nt of State's records.
	··· ·· · · · · · · · · · · · · · · · ·
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	4
/ / /	
·/1/d/	in 1. V.
Signature of a	member or an authorized representative of a member.
This document is exe	cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
constitutes a third dee	lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
willia	Typed or printed name of signee
	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)



April 15, 2020

WILLIAM RAYMOND FISHER JR 1804 SW 20TH ST SUITE B FT LAUDERDALE, FL 33315

SUBJECT: @YACHT CARPENTER, LLC.

Ref. Number: W20000037854

We have received your document for @YACHT\_CARPENTER, LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

REJECTION IS BECAUSE THE @ SIGN IN THE BEGINING OF THE WORD WILL BE HARD TO FIND THE NAME ON SUNBIZ IF ANYONE IS LOOKING FOR IT AND DO NOT KNOW THAT THE SIGN IS IN FRONT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

WILLIAM LAWRENCE Regulatory Specialist II

Letter Number: 020A00008005

THANK YOU SO MUCH. PICADE

REMOVE THE Q SUMBOL

IT WILL READ

Yocht- corporter

W. 17. M.

www.sunbiz.org