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(Requestor's Name)
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702# OCT 30 AM 9: \$7
SECRETARY OF STATE
TALLAMASSEE, FL

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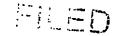
RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

FROME: 030-330-1300
ACCOUNT NO. : 12000000195
REFERENCE : 492352 4304954
AUTHORIZATION :
COST LIMIT : \$ 125.00
ORDER DATE: October 29, 2020
ORDER TIME : 10:40 AM
ORDER NO. : 492352-005
CUSTOMER NO: 4304954
DOMESTIC FILING
NAME: VIZAG YACHT CLUB, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker - EXT.61594
EXAMINER'S INITIALS:

COVER LETTER

	w Filing Sect rision of Cor					
SURJECT:	Vizag Yach	it Club, LLC				
500000		Name	of Lin	nited Liabilit	y Company	
The enclosed	d Articles of 0	Organization and fe	e(s) ar	e submitted	for filing.	
Please return	all correspo	ndence concerning	this ma	atter to the fo	llowing:	
1	Carla Hines					
-				Name of I	erson	
	Locke Lord I	.LP				
-				Firm/Con	прапу	
	111 Huntingt	on Avenue				
_				Addre	SS	,
;	Boston, MA (02199				
- R	ai Toleti@an	dorhealth.com	C	ity/State and	Zip Code	
<u></u>	<u> </u>		e used	for future ar	nual report notificati	on)
For further inf	ormation con	cerning this matter	please	e call:		
F	ajesh Toleti		_at (_4(07	701-6976	
	Name	of Person	A	rea Code	Daytime Telephone	e Number
Enclosed is a	check for th	e following amount	:			
□\$125,00 F	iling Fee	□\$130.00 Filing Certificate of Sta		Certifie	.00 Filing Fee & d Copy (copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Address			treet Address	
		ling Section n of Corporations			lew Filing Section Di he Centre of Tallaha	
	P.O. Bo			2	415 N. Monroe Stree allahassee, FL 32303	et, Suite 810



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 OCT 30 AM 9: 57

ÀRTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

ARTICLE II - Address: The mailing address and s	treet address of the principal c	office of the Limited	Liability Company is:	
<u>P</u>	rincipal Office Address:		Mailing Address:	
6043 Greatwa Windermere, I			6043 Greatwater Drive Windermere, FL 34786	
(The Limited Liability Co another business entity w	th an active Florida registrationstreet address of the registered	a Registered Agent. \on.) d agent are:	nt's Signature: You must designate an individual	or
(The Limited Liability Co another business entity w	mpany cannot serve as its owr th an active Florida registration	a Registered Agent. \on.) d agent are:		or
(The Limited Liability Co another business entity w	mpany cannot serve as its owr th an active Florida registratio street address of the registered	a Registered Agent. Non.) d agent are: Company Name	You must designate an individual	or
(The Limited Liability Co another business entity w	mpany cannot serve as its owr th an active Florida registration street address of the registered Corporation Service	a Registered Agent. Non.) d agent are: Company Name	You must designate an individual	or

Corporation Service Company

(CONTINUED)

By Sudyl
Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
-	
MGR	Raiesh S. Toleti
	6043 Greatwater Drive Windermere, FL 34786
	Wildermete, 11.54700
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(Use attachment if necessary)	·
e of filing.)	specific and cannot be more than five business days prior to or 90 days a of meet the applicable statutory filing requirements, this date will not be list on the State's records.
REOUIRED SIGNATURE:	\$ E
	
Signature of a	member or an authorized representative of a member.
Signature of a This document is exe	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a This document is executed any factorial and any factorial and factorial	member or an authorized representative of a member.
Signature of a This document is exe I am aware that any fa constitutes a third deg	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State aree felony as provided for in s.817.155, F.S.
Signature of a This document is exert I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State aree felony as provided for in s.817.155, F.S.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of State (Co.)

\$ 5.00 Certificate of Status (Optional)