

Division of Corporations

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Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.  
Key West Boat Slip, LLC**

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**ARTICLES OF ORGANIZATION  
OF  
KEY WEST BOAT SLIP, LLC**

The undersigned hereby organizes a limited liability company under the provisions of the Florida Revised Limited Liability Company Act, and pursuant to the following Articles of Organization:

**ARTICLE 1**

**Name**

The name of this limited liability company is:

**KEY WEST BOAT SLIP, LLC**

(hereafter, the "Company").

**ARTICLE 2**

**Effective Date**

The Company shall have perpetual existence, commencing on the date that these Articles of Organization are filed with the Florida Department of State.

**ARTICLE 3**

**Principal Office and Mailing Address**

The address of the principal office and the mailing address of the Company is 1311 N. Westshore Boulevard, Suite 101A, Tampa, Florida 33607.

**ARTICLE 4**

**Initial Registered Office and Agent**

The street address of the initial registered office of the Company is 601 Bayshore Boulevard, Suite 700, Tampa, Florida 33606, and the name of the initial registered agent of the Company at that address is David L. Koche.

ARTICLE 5

Management of the Company

The Company is to be managed by one or more managers and is, therefore, a manager-managed limited liability company. The name and address of the initial manager of the Company are:


MACDONALD FAMILY MANAGEMENT, LLC  
1311 N. Westshore Boulevard  
Suite 101A  
Tampa, Florida 33607

ARTICLE 6

Indemnification

The Company shall indemnify its manager and members to the fullest extent authorized by law.

IN WITNESS WHEREOF, the undersigned authorized representative of the member has executed these Articles of Organization this 15th day of January, 2021.

  
\_\_\_\_\_  
DAVID L. KOCHÉ,  
Authorized Representative

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE OF  
KEY WEST BOAT SLIP, LLC**


Pursuant to the provisions of Section 605.0113 of the Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is: **KEY WEST BOAT SLIP, LLC.**
2. The name and address of the registered agent and office are:

David L. Koche  
601 Bayshore Boulevard, Suite 700  
Tampa, Florida 33606

*The undersigned, 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, hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accept the obligations of his position as registered agent as provided for in Chapter 605, Florida Statutes.*

Dated the 15th day of January, 2021.

  
\_\_\_\_\_  
DAVID L. KOCHÉ, Registered Agent