

2/5/2021

L2H000047911

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H21000050487 3)))



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FLORIDA LIMITED LIABILITY CO.  
VTECH BOATWORKS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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2/8/2021 12:58:43 PM PAGE 1/001 Fax Server



February 8, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EXPRESS CORPORATE FILING SERVICE

SUBJECT: VTECH BOATWORKS, LLC  
REF: W21000015253

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

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Matthew T Moon FAX Aud. #: H21000050487  
Regulatory Specialist II Supervisor Letter Number: 921A00002791  
New Filing Section

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VTECH BOATWORKS, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2323 NW 149 STREET  
OPA-LOCKA, FL 33054

SAME

2021 FEB - 8 AM 10: 03

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:

ALAIN LEON

Name

2323 NW 149 STREET

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

OPA-LOCKA FL 33054  
City State Zip

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 (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

YUNIOR DOMINGUEZ  
2323 NW 149 STREET  
OPA-LOCKA FL 33054

AMBR

ALAIN LEON  
2323 NW 149 STREET  
OPA-LOCKA FL 33054

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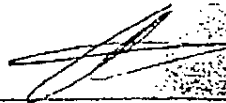
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/29/2021 . (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ALAIN LEON  
Typed or printed name of signee