Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000076221 3)))



H210000782213ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GONZALEZ & ASSOCIATES III PA

Account Number : I20190000077 Phone : (954)773-7286 Fax Number : (954)526-8825

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: AGONZALEZ PAMEFINANCIAL GROUP. CONT

FLORIDA LIMITED LIABILITY CO. JET SET BOAT CLUB, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

H21000076221 3

Electronic Filing Menu

Corporate Filing Menu

Help 3

H21000076221 3

COVER LETTER

	JET SET BOAT CLUB, LLC	
SUBJECT:		
The enclose	ed Articles of Organization and fee(s) are submitted for filing.	
	rn all correspondence concerning this matter to the following:)101 F
	ANTONIO GONZALEZ	F# 2
	Name of Person	-
	GONZALEZ & ASSOCIATES III PA	000 FEB 24 PM 12: 19
	Firm/Company	··
	1820 N CORPORATE LAKES BLVD STE 107	 -
	Address	
	WESTON, FL 33326	
	City/State and Zip Code	
	AGONZALEZ@AMEFINANCIALGROUP.COM	
	E-mail address: (to be used for future annual report notification)	
For further	information concerning this matter, please call:	
	ANTONIO GONZALEZ 954 773-7286	
	Name of Person Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:	
□\$125.0	Of Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed))
	Mailing Address New Filing Section The Centre of Tallahassee	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

H21000076221 3

H21000076221 3

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

7 <u>C.1 ODX 20111</u>	r CLUB, LLC			
(Must co	ntain the words "Limited Liah	oility Company,	"L.L.C.," or "LLC.")	
RTICLE II - Address: The mailing address and street	address of the principal office	e of the Limited	Liability Company is:	-
Princ	ipal Office Address:		Mailing Address:	:
0337 NW 41et ST	TREET SUITE 302	9331	7 NW 42st STREET SUITE 30)2
MIAMI, FL 33178		MIA	MI, FL 33178	
RTICLE III - Registered A	agent, Registered Office, & L my cannot serve as its own Re	gistered Agent.	•	or-
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	agent, Registered Office, & I my cannot serve as its own Re m active Florida registration.)	gistered Agent.	nt's Signature:	or-
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	Agent, Registered Office, & I my cannot serve as its own Re, m active Florida registration.) et address of the registered ag	gistered Agent.	nt's Signature:	or
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	agent, Registered Office, & I my cannot serve as its own Re- in active Florida registration.) set address of the registered ag	gistered Agent.	nt's Signature:	OF.
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	agent, Registered Office, & I my cannot serve as its own Re- in active Florida registration.) set address of the registered ag	gistered Agent. ent are: CLATES III PA	nt's Signature: You must designate an individual	OF.
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	Agent, Registered Office, & Its own Recommendation as its own Recommendation and active Florida registration.) The address of the registered agency of the registered agen	gistered Agent. ent are: CLATES III PA lame LAKES BLVD	nt's Signature: You must designate an individual	OF
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	agent, Registered Office, & Is any cannot serve as its own Resonactive Florida registration.) The address of the registered agency GONZALEZ & ASSOCIATION NOT A SERVE ASSOCIATION OF THE ASSOCIATION OF TH	gistered Agent. ent are: CLATES III PA lame LAKES BLVD	nt's Signature: You must designate an individual	OT-

Having been named as registered agent and to accept service of process for the above stated limited tiability 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)

H21000076221 3

H21000076221 3

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
-	HENRY APARICIO	
AMBR	1518 CANARY ISLAND DR	
	WESTON, FL 33327	
MANAGER	WOLFGANG GONZALEZ 1518 CANARY ISLAND DR	<u> </u>
	WESTON, FL 33327	7971110
)·	
		<u> </u>
		<u></u>
ffective date is listed, the date mus	he daw of filing: 02/22/2021 (OPTIONAL) t be specific and cannot be more than five business days prior to or	
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does	t be specific and cannot be more than five business days prior to or es not meet the applicable statutory filing requirements, this date will	90 c
LE V: Effective date, if other than the frective date is listed, the date must be of filing.) If the date inserted in this block document's effective date on the Department's continuous if any.	t be specific and cannot be more than five business days prior to or es not meet the applicable statutory filing requirements, this date will rument of State's records.	90 o
LE V: Effective date, if other than the flective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Department's Other provisions, if any. COMPANY IS ORGANIZED FOR	t be specific and cannot be more than five business days prior to or es not meet the applicable statutory filing requirements, this date will rtment of State's records. THE CONDUCT OF ANY OR ALL LAWFUL AFFAIRS FOR WE	90 d
LE V: Effective date, if other than the frective date is listed, the date must be of filing.) If the date inserted in this block document's effective date on the Department's continuous if any.	t be specific and cannot be more than five business days prior to or es not meet the applicable statutory filing requirements, this date will rtment of State's records. THE CONDUCT OF ANY OR ALL LAWFUL AFFAIRS FOR WE	not l
LE V: Effective date, if other than the flective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Department's effective date on the Department's COMPANY IS ORGANIZED FOR ED LIABILITY COMPANY MAY	t be specific and cannot be more than five business days prior to or es not meet the applicable statutory filing requirements, this date will rtment of State's records. THE CONDUCT OF ANY OR ALL LAWFUL AFFAIRS FOR WE Y BE ORGANIZED.	90 c
LE V: Effective date, if other than the flective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Department's effective date on the Department's COMPANY IS ORGANIZED FOR ED LIABILITY COMPANY MAY REQUIRED SIGNATURE: Signature This document is I am aware that a	t be specific and cannot be more than five business days prior to or es not meet the applicable statutory filing requirements, this date will rtment of State's records. THE CONDUCT OF ANY OR ALL LAWFUL AFFAIRS FOR WE	90 conot l
LE V: Effective date, if other than the flective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Department's effective date on the Department's COMPANY IS ORGANIZED FOR ED LIABILITY COMPANY MAY REQUIRED SIGNATURE: Signature This document is I am aware that a	es not meet the applicable statutory filing requirements, this date will rement of State's records. THE CONDUCT OF ANY OR ALL LAWFUL AFFAIRS FOR WEY BE ORGANIZED. of a member or an authorized representative of a member. See executed in accordance with section 605.0203 (1) (b), Florida Statuting false information submitted in a document to the Department of States.	90 c

H21000076221 3