

L21000206862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

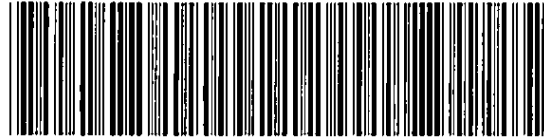
Certificates of Status _____

Special Instructions to Filing Officer

5/11

L21000063540

Office Use Only



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05/07/21--01012--011 **125.00

RECEIVED

2021 MAY -7 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 MAY 11 PM 2:27

TALLAHASSEE, FLORIDA



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2021 MAY 11 PM 2:05

FLORIDA DEPARTMENT OF STATE
Division of Corporations
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

May 10, 2021

CAPITAL CONECTION

SUBJECT: YACHT OVERLOOK, LLC
Ref. Number: W21000063540

We have received your document for YACHT OVERLOOK, 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):

Is the mailing address and the authorized persons address a PO BOX or a STREET ADDRESS? you have both a PO BOX and STREET ADDRESS listed. Please correct and re-submit the filing so we can process your request.

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.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 321A00009689

2021 MAY 11 PM 2:27

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Yacht Overlook, LLC

Signature _____

Requested by: SETH

05/10/21

Name

Date

Time

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

2021 MAY 11 PM 2:27

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Yacht Overlook, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samuel Spencer Blum, Esquire

Name of Person

Firm/Company

2666 Tigertail Avenue, Suite 106

Address

Coconut Grove, Florida 33133

City/State and Zip Code

laura@samblum.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel S. Blum, Esq. 305 854-1885
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

Mailing Address

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 MAY 11 PM 2:27

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Yacht Overlook, 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:

142 Portsmouth Avenue
Stratham, NH 03885

Mailing Address:

142 Portsmouth Avenue
Stratham, NH 03885

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.)

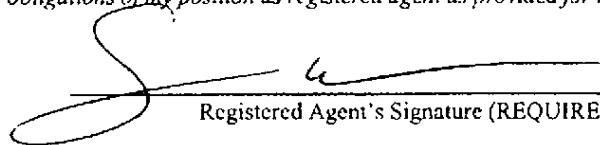
The name and the Florida street address of the registered agent are:

Samuel Spencer Blum, Esquire
Name

2666 Tigertail Avenue, Suite 106
Florida street address (P.O. Box **NOT** acceptable)

<u>Coconut Grove</u>	<u>Florida</u>	<u>33133</u>
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)

2021 MAY 11 PM 2:27

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Mark Stevens

142 Portsmouth Avenue

Stratham, NH 03885

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: _____ (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.

Samuel Spencer Blum, Esquire

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)

2021 MAY 11 PM 2:27
FILED
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE, FLORIDA