## L21000260803

(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

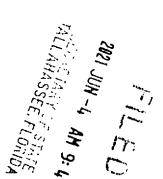


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ALLAHASSEE, reco

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32304 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

206 Caribbean LLC				
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······································				
				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
Signature			-	Fictitious Owner Search
8				Vehicle Search
				Driving Record
Requested by: SETH				UCC 1 or 3 File
Name	Date	Time	-	UCC 11 Search
				UCC 11 Retrieval
Walk-In Ponder's Promise OA 8/5	Will Pick Up ∞			Courier
*			ı	

## COVER LETTER

	New Filing Sec Division of Cor					
SUBJEC	206 Caribb	ean LLC				
SUBJEC	l:	Name o	Limited I	_iabilit	y Company	<del></del>
The enclo	sed Articles of	Organization and fee(	s) are subn	nitted f	or filing.	
Please ret	urn all correspo	ndence concerning thi	s matter to	the fo	llowing:	
	Paul A. Kras	ker				
			Nar	me of F	'erson	
	The Law Off	fice of Paul A. Kraske	r, P.A.			
			Fir	m/Con	прапу	
	1615 Forum	Place, 5th Floor				
				Addre	SS	
	West Palm E	Beach. FL 33401				
	pkrasker@kra	skerlaw.com	City/St	ate and	Zip Code	
		E-mail address: (to be	used for fu	ture an	nual report notificati	on)
For further	information co.	ncerning this matter, p	lease call:			
	Andrea Murp	ohy Snowden	561 t (	1	515-4722	
	Nam	e of Person	Area Co	ode	Daytime Telephone	e Number
Enclosed	is a check for tl	ne following amount:				
■\$125.0	0 Filing Fee	□\$130.00 Filing For Certificate of Statu	s (	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address			Street Address	
		iling Section on of Corporations			New Filing Section Di The Centre of Tallaha	
		ox 6327			415 N. Monroe Stree	
		assee, FL 32314			Tallahassee, FL 3230	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

206 Caribbean LLC (Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6 Via Flagler	6 Via Flagler
Palm Beach, FL 33480	Palm Beach, FL 33480
ARTICLE III - Registered Agent, Registered Office, & R	egistered Agent's Signature:
The Limited Liability Company cannot serve as its own Reg	

The Law Office of Paul A. Krasker, P.A.

Name

1615 Forum Place, 5th Floor
Florida street address (P.O. Box NOT acceptable)

West Palm Beach FL 33401

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)



"43400"~		Name and Address:
	Authorized Member	
"MGR" = M	2	
MGR	<del></del>	Robert N. Frisbie
		6 Via Flagler
		Palm Beach, FL 33480
	<del></del>	
		<del></del>
<del></del>	<del></del>	
	<u> </u>	
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ffective date is	ve date, if other than the listed, the date must b	date of filing:
cument's effect CLE VI: Other p	ive date on the Departm provisions, if any.	nent of State's records.
If the date inserument's effect LE VI: Other p	ive date on the Departmorovisions, if any.	not meet the applicable statutory filing requirements, this date will not be listed nent of State's records.
If the date inse ument's effect LE VI: Other p	orovisions, if any.  2 SIGNATURE:	ent of State's records.
If the date inse ument's effect LE VI: Other p	Signature of a	a member or an authorized representative of a member.
If the date inse ument's effect LE VI: Other p	Signature of a This document is ex	nember or an authorized representative of a member.
f the date inse ument's effect LE VI: Other p	Signature of a This document is ex Lam aware that any	a member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State
f the date inserument's effect	Signature of a This document is ex I am aware that any constitutes a third de	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
If the date inse ument's effect LE VI: Other p	Signature of a This document is ex Lam aware that any	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree 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 Status (Optional)

ARTICLE IV-