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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Emall	Address	:			

FLORIDA LIMITED LIABILITY CO. KEVIN BOAT DECKING LLC.

Certificate of Status	1	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$130.00	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP

- LIMITED LIABIT ITY CO.	50 Z
ARTICLE L. N. AR	AUG 18
ARTICLE I - Name:	
The name of the Limited Liability Company is:	ENRY S
company is:	(1)
$V \rightarrow \mathcal{D} (X)$	SEE SEE
- Levin Dat Declina 1/0	ب ر
Levin Boat Decking U.C. ARTICLE II - Address:	9: 34 E. F.
The mailing add	
Company is:	
The mailing address and street address of the principal office of the Limited Liabi O(10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	li
able of 1 (1 a)	шу
9619 Formainelleau Blud aft 205 Miami Florida	
100 at 205 Miami Havida	221-
1104.00	<u> </u>
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ARTICLE III - Registered Agent, Registered Office:	
The name and the Florida stead Office:	
Company cannot serve as its own Registered address of the registered agent area	
The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registration.)	,
and the second security	
Kevin Pavon Beinteria	
neinteria	
4619 Fact 1	
TOTHAINEDICAU BIND NOWS	· C
9619 Fontainebleau Blud Apt-20	70
Miami Florida 33172	
ARTICLE IV	
The normal Visit	
Linking and title of each person authorized to many	
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	
1/ 0	
Levin Lavon Palatain (augus)	
Levin Pavon Leinteria (AMBR)	
	

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

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; s provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)