

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations
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Email Address:

FLORIDA LIMITED LIABILITY CO. EIGHT FATHOM INVESTMENTS, LLC

Certificate of Status	0
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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EIGHT FATHOM INVESTMENTS, 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:
224 S. COCONUT LANE	SAME
MIAMI BEACH, FL 33139	

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:

ON				
Name.		٠.		
224 S. COCONUT LANE				
(P.O. Box NOT ac	cceptable)			
Γ1	33139			
State	Zip			
	Name NE (P.O. Box <u>NOT</u> ac	Name		

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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)

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	Name and Address:
"AMBR" = Authorized Membe "MGR" = Manager	•
- MGR	MICHAEL THOMPSON 224 S. COCONUT LANE MIAMI BEACH. FI, 33139
AMBR	RACHEL THOMPSON 224 S. COCONUT LANE MIAMI BEACH, FL 33139
If an effective date is listed, the date mu ie date of filing.)	the date of filing:
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REQUIRED SIGNATURE: Signature This document I am aware that	[wil_
REPOURED SIGNATURE: Signature This document I am aware that constitutes a thi	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b). Fiorida Statutes, any faise information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)