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(R	equestor's Name)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(8)	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 218679 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: November 10, 2021 ORDER TIME : 2:51 PM ORDER NO. : 218679-005 CUSTOMER NO: 4321791 DOMESTIC FILING NAME: LITTLE FEET WATERCRAFT II LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION \_\_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

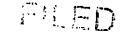
EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 HOV 10 AH 8: 06

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The name of the Limited Liability Company is:

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(Must conatin 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:
	630 Island Drive, Palm Beach, Florida 33480	630 Island Drive, Palm Beach, Florida 33481
ADTICL	CIV. Designated Asset Business Office & Design	
	E III - Registered Agent, Registered Office, & Registed Liability Company cannot serve as its own Registe	
•	usiness entity with an active Florida registration.)	red Agent. 1 ou must designate an individual of

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

Corporation Service	Company	
	Name	
1201 Hays Street		
Florida street addres	ss (P.O. Box NOT ac	cceptable)
Tallahassee	FL	32301
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..

Corporation Service Company

llxxis Weiterd, assistant va president

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Bruce A. Beal, Sr. 630 Island Drive, Palm Beach, Florida 33480
<del></del>	2021 ROV 10
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	[T]
(Use attachment if necessary)	
(If an effective date is listed, the date must be s the date of filing.)	need the applicable statutory filing requirements, this date will not be listed as t of State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:  Signature of a m This document is execu	sember or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any fais	se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.
<del></del>	Bruce A. Beal, Sr.  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)