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### CT CORP

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** 01/18/2022

	Acc#i20160000072
Name:	Felina Yacht LLC
Document #:	· · · · · · · · · · · · · · · · · · ·
Order #:	14094112
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#### COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJE	Felina Yacht LLC
SOBIL	Name of Limited Liability Company
The enc	closed Articles of Organization and fee(s) are submitted for filing.
Please i	return all correspondence concerning this matter to the following:
	Paulo Miranda
	Name of Person
	PSM Corporate Service, Inc.
	Firm/Company
	1001 Brickell Bay Drive, Suite 1202
	Address
	Miami, FL 33131
	City/State and Zip Code
	psm@psmcorporate.com  E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Leonardo Andrade 305 456-3752
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.0	0 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations P.O. Box 6327

Street Address
New Filing Section
Division of Corporations
Clifton Building

ARTICLE I - Name: The name of the Limited Liability Company is:	
Felina Yacht LLC	
	hility Company, "I. J. C.," or "L.L.C.")
(Must contain the words "Limited Lie	only company, brings, or buo, y
ARTICLE II - Address:	
ARTICLE II - Address: The mailing address and street address of the principal office.	e of the Limited Liability Company is:

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

NRAI Services Inc.		
	Name	
1200 South Pine Isla	ind Road	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
Plantation	FL	33324
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.,

Lu DOB

Registered Agent's Signature (REQUIRED)

Lisa D. DuBois, Assist. Sec.

(CONTINUED)

## ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR HERMANN, EMMANUEL ROSE 1450 Brickell Ave #2600 Miami, FL 33131 MGR SOUZA, ALESSANDRA 1450 Brickell Ave #2600 Miami, FL 33131 (Use attachment if necessary) \_\_\_. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: \_\_\_ (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, REOUIRED SIGNATURE:

Filing Fees:

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

Typed or printed name of signee

LEONARDO ANDRADE

constitutes a third degree felony as provided for in s.817.155, F.S.