

L220 0006 3604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

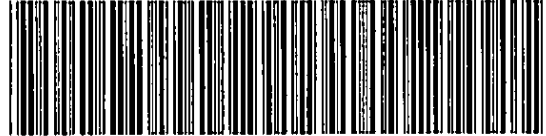
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. O'KEEFE

FEB 17 2022

✓

MICHAEL N. GOMES
Professional Association

ATTORNEY AND COUNSELOR AT LAW

303 East Woolbright Road, #269
Boynton Beach, Florida 33435

Tel. (954) 942-0910
Email - mng@gomeslawfl.com

January 25, 2022

New Filing Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

RE: Yachtman Dream, LLC

Greetings:

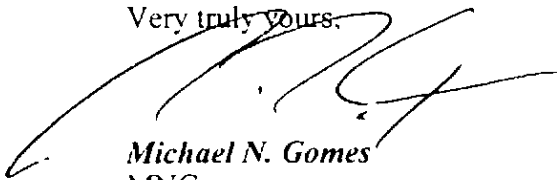
Enclosed are the following documents with respect to filing a new limited liability company:

1. Cover Letter;
2. Articles of Organization for Yachtman Dream, LLC; and
3. Michael N. Gomes, Attorney, P.A. check number 22726, payable to the Florida Department of State, in the amount of \$130.00, for the filing fee and a Certificate of Status.

If you have any questions, Please contact me.

Thank you for your courtesy and cooperation regarding this matter.

Very truly yours,



Michael N. Gomes
MNG:eec
Enc.

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Yachtman Dream, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victor Pekic
Name of Person
Yachtman Dream, LLC
Firm/Company
2344 N. DeCook Court
Address
Park Ridge, IL 60068
City/State and Zip Code
pekic155@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Pekic 773 991-0663
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Yachtman Dream, 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:

5300 NE 32nd Street

Fort Lauderdale, FL 33308

Mailing Address:

5300 NE 32nd Street

Fort Lauderdale, FL 33308

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:

Michael N. Gomes

Name

303 East Woolbright Road, #269

Florida street address (P.O. Box **NOT** acceptable)

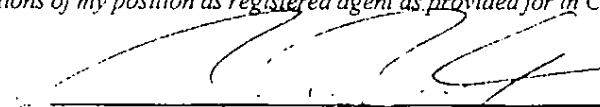
Bovnton Beach, FL 33435

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)

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TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Victor Pekic
2344 N. Decook Court
Park Ridge, IL 60068

AMBR

Anto Pekic
2344 N. Decook Court
Park Ridge, IL 60068

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

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ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(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.

REQUIRED SIGNATURE:

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

Victor Pekic

12-12-21
Typed or printed name of signee

Anto Pekic

Anto Pekic 12-12-21

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)