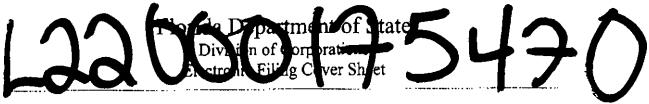
Division of Corporations



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COMITER & SINGER, LLP

Account Number : 120000000085 Phone : (561)626-4742 Fax Number : (561)626-4742

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corporate @ comitersinger.com

## FLORIDA LIMITED LIABILITY CO.

Yacht Harbor Estates, LLC

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S. CHATHAM

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#### COVER LETTER

	New Filing Sect Division of Corp				
Cun TO		or Estates, LLC			
SUBJEC	l:	Name of Lim	ited Liabilit	y Company	
The enclo	osed Articles of (	Organization and fee(s) are	submitted i	or filing.	
Please ret	um all correspoi	ndence concerning this ma	tter to the fo	llowing:	
	Keith B. Brau	un, Esq.		_	
			Name of I	'crson	
	Comiter, Sing	ger, Baseman & Braun, Ll	l,		
			Firm/Cor	npany	
	3825 PGA B	lvd., Suite 701			
			Addre	\$5	
	Palm Beach	Gardens, FL 33410			
		C	ity/State and	Zip Code	
	•	mitersinger.com			<u>.</u>
		-mail address: (to be used	for future a	nnual report notificati	on)
For further	r information cor	ncorning this matter, please	call:		
	Keith B. Brau	un 56	51	626-2101	_
	Nam		rea Code	Daytime Telephon	e Number
Enclosed	lis a check for th	he following amount:			
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#### Malling 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



DALLMITED LIABILITY COMPANY
y Company, "L.L.C.," or "LLC.")
the Limited Liability Company is:
Mailing Address:
3825 PGA Blvd., Suite 701
Palm Beach Gardens, FL 33410
istered Agent's Signature: ered Agent. You must designate an individual or are:
k Braun, LLP

3825 PGA Blvd., Suite 701 Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens Zip State City

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 ugent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

# Haa0001544873

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Guy Sheetz, Jr. 3825 PGA Blvd., Suite 701
	3825 PGA Blvd., Suite 701 Palm Beach Gardens, FL 33410
	Tanii Boudi Owyou I i gy I i y
MGR	Margaret Shootz
	Nargaret Shociz 3825 PGA Blvd., Suite 701 Palm Beach Gardens, FL 33410
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(Use attachment if necessary)  CLE V: Effective date, if other than the	he date of filing: (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must stee of filing.)  If the date inserted in this block does becoment's effective date on the Department.	the date of filing: (OPTIONAL)  t be specific and cannot be more than five business days prior to or 90 days  s not meet the applicable statutory filing requirements, this date will not be rement of State's records.
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