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**Division of Corporations**  
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FLORIDA DEPARTMENT OF STATE  
 ALLSTATE, FLORIDA

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Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**107305 YACHT CLUB WAY LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

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 ALLSTATE, FLORIDA

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Corporate Filing Menu

Help

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

107305 YACHT CLUB WAY 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:111 YACHT CLUB WAY, APT. 110  
HYPOLUXO, FL 33462107305 YACHT CLUB WAY LLC  
HYPOLUXO, FL 33462

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

JOHN PACKES, JR.

Name

111 YACHT CLUB WAY, APT. 110Florida street address (P.O. Box **NOT** acceptable)

|                 |           |              |
|-----------------|-----------|--------------|
| <u>HYPOLUXO</u> | <u>FL</u> | <u>33462</u> |
| 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.

John Packes Jr

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:**AMBRJOHN PACKES, JR.  
111 YACHT CLUB WAY, APT. 110  
HYPOLUXO, FL 33462AMBRKRISTEN TERRELL OWSLEY  
111 YACHT CLUB WAY, APT. 110  
HYPOLUXO, FL 33462

(Use attachment if necessary)

**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:**John Packes JrSignature 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.JOHN PACKES, JR.

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)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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