## L22000278131

(Requestor's Name)  (Address)  (Address)
(Address)
(Address)
(1000000)
(City/Chata/7ia/Dhana 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



700389605747

TALLAHASSEE FL

22 JUN 16 PM 1: 1

2022 JUN 16 PM 3: 41

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 747304 7503206
AUTHORIZATION: Spelle le man
COST LIMIT : \$ 125.00
ORDER DATE : June 16, 2022
ORDER TIME : 1:46 PM
ORDER NO. : 747304-010
CUSTOMER NO: 7503206
DOMESTIC FILING  NAME: LONB BOAT KEY FUND I, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS:

## **COVER LETTER**

	w Filing Section vision of Corporations
SUBJECT:	Long Boat Key Fund I, LLC
Source.	Name of Limited Liability Company
The encloses	d Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	Jennifer Vinciguerra
•	Name of Person
	Fox Rothschild LLP
-	Firm/Company
	2800 Kelly Rd., Ste. 200
-	Address
	Warrington, PA 18976
e:	City/State and Zip Code astbluffllc@gmail.com
_	E-mail address: (to be used for future annual report notification)
For further int	formation concerning this matter, please call:
_	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
<b>\$</b> 125.00 Fili	ng Fee \$\int_{\text{S130.00 Filing Fee & Certificate of Status}} \int_{\text{S155.00 Filing Fee & Certificate of Status}} \int_{\text{Calcing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}} \int_{\text{Calcing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}} \int_{\text{Calcing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}} \int_{\text{Calcing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}} \int_{\text{Calcing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}} \int_{\text{Calcing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}} \int_{\text{Calcing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}} \int_{\text{Calcing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{Calcing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{Calcing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{Calcing Fee & Certified Copy (additional copy is enclosed)}}} \int_{\text{Calcing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{Calcing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{Calcing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{Calcing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{Calcing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{Calcing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{Calcing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{Calcing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{Calcing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{Calcing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{Calcing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{Calcing Fee & Certified Copy (additional copy is enclosed)}} \int_{Calcing Fee & Certified Copy (additional

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

Street Address

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2022 JUN 16 PM 1: 14

ARTICLE I - Name:

The name of the Limited Liability Company is:

Long Boat Key Fund I, LLC	SEUKE MAKY OF STATE TALLAHASSEE, FI
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Prit	cipal Office Address:		Mailing Address:
8415 Lindrick La	ane	8415	Lindrick Lane
Bradenton FL, 3-	1202	Brac	lenton FL, 34202
The Limited Liability Comp nother business entity with	an active Florida registration	Registered Agent. 'on.)	nt's Signature: You must designate an individual or
he name and the Florida str	_		
	Corporation Service	Name	
		Name	
	1201 Hays Street		
	Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)
	Tallahassee	FL	32301
	City	State	Zip
ace designated in this certific ther agree to comply with th	cate. I hereby accept the app we provisions of all statutes r	ointment as registere elating to the proper	above stated limited liability company at t ed agent and agree to act in this capacity, and complete performance of my duties, a as provided for in Chapter 605, F.S.

(CONTINUED)

	Title: "AMBR" = Authorized	Member	Name and Address:	
	"MGR" = Manager MGR		LBKF Advisors, LLC	
	MUK		8415 Lindrick Lane	_
			Bradenton FL, 34202	<del>-</del> -
			514041101 T.J. 51202	<del></del>
				_
			(r)	20:
				_ 🔀
			Fr	
			<u></u>	_ 22 _==
				-on <u> </u>
				- T
			11-	3 1
				🧲
				~ <b>-</b>
ARTIC	(Use attachment if neces	•	Sino: (ODTIONAL)	
If an ef he date <u>Note:</u> I the doct	LE V: Effective date, if of fective date is listed, the of filing.) If the date inserted in this iment's effective date on	ther than the date of fi date must be specific block does not meet the Department of St	iling: (OPTIONAL) c and cannot be more than five business days prior to or the applicable statutory filing requirements, this date will retate's records.	-
If an ef he date Note: I the doct	LE V: Effective date, if or fective date is listed, the of filing.) If the date inserted in this	ther than the date of fi date must be specific block does not meet the Department of St	c and cannot be more than five business days prior to or the applicable statutory filing requirements, this date will r	-
If an ef he date Note: I the doct	LE V: Effective date, if of fective date is listed, the of filing.) If the date inserted in this iment's effective date on	ther than the date of find the must be specificated block does not meet the Department of Stany.	c and cannot be more than five business days prior to or the applicable statutory filing requirements, this date will r	-
If an ef he date <u>Note:</u> I the doct	LE V: Effective date, if of fective date is listed, the of filing.) If the date inserted in this iment's effective date on LE VI: Other provisions, in the second s	ther than the date of findate must be specificated block does not meet the Department of Standard from the Department of Standard from the Department of a nember current is executed in the that any false info	c and cannot be more than five business days prior to or the applicable statutory filing requirements, this date will retate's records.	ot be listed as
If an ef he date Note: I the doct	LE V: Effective date, if of fective date is listed, the of filing.) If the date inserted in this iment's effective date on LE VI: Other provisions, in the control of the date of the control of the cont	ther than the date of findate must be specificated block does not meet the Department of Standard from the Department of Standard from the Department of a nember current is executed in the that any false info	the applicable statutory filing requirements, this date will retate's records.  MGA  er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statute ormation submitted in a document to the Department of Statute	ot be listed as

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)

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

ARTICLE IV-