

# L22000365124

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

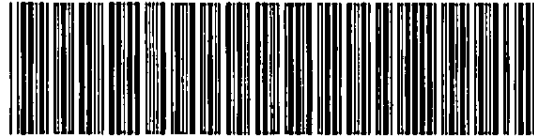
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

HL



# DAVIS DEVELOPMENT

403 Corporate Center Dr.  
Suite 201 | Stockbridge, GA 30281  
☎ 770.474.4345  
☎ 770.474.5213

August 10, 2022

**VIA FEDERAL EXPRESS**

Florida Department of State  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street  
Suite 810  
Tallahassee, Florida 32303

RE: ARTICLES OF ORGANIZATION OF BLAKES YACHT, LLC  
("ARTICLES")

Dear Sir/Madam:

Enclosed is the original, above-referenced Articles as well as our check in the amount of \$125.00 payable to Florida Department of State representing payment of the filing fee for the Articles as well as the Designation of Registered Agent Fee. Please file the document and return evidence of same to me.

Thank you for your attention and assistance in this matter.

Sincerely,

Debora M. Martin  
Paralegal

Encl.

cc: Lance A. Chernow, Esq. (via email: [lance.chernow@davisdevelopment.com](mailto:lance.chernow@davisdevelopment.com))  
Blake Davis (via email: [bdavis@davisdevelopment.com](mailto:bdavis@davisdevelopment.com))

**COVER LETTER**

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

**SUBJECT:** Blakes Yacht, 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:

Lance A. Chernow

\_\_\_\_\_  
Name of Person

Davis Development, Inc.

\_\_\_\_\_  
Firm/Company

403 Corporate Center Drive, Suite 201

\_\_\_\_\_  
Address

Stockbridge, Georgia 30281

\_\_\_\_\_  
City/State and Zip Code

debora.martin@davisdevelopment.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debora M. Martin

770

474-4345

at (\_\_\_\_\_) \_\_\_\_\_

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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:

Blakes Yacht, 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:

11800 Seaview Drive  
Vero Beach, Florida 32963

Mailing Address:

403 Corporate Center Drive  
Suite 201  
Stockbridge, Georgia 30281

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:

Corporation Service Company  
Name

1201 Hays Street  
Florida street address (P.O. Box **NOT** acceptable)

<u>Tallahassee</u>	<u>Florida</u>	<u>32301</u>
City	State	Zip

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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.

Melissa Clarke, Melissa Clarke, Asst. V.P.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGR

Blake Davis  
403 Corporate Center Drive, Suite 201  
Stockbridge, Georgia 30281

\_\_\_\_\_  
\_\_\_\_\_  
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FALLS CHURCH, VA

(Use attachment if necessary)

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

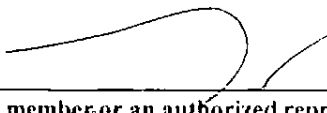
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**

  
\_\_\_\_\_  
**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.

Lance A. Chernow, Esq.

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)