L2200 Florida De attinut of State 08

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000429352 3)))



H220U94293523ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

3052201440

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please."*

Email	Address:	:

FLORIDA LIMITED LIABILITY CO. EXCALIBUR YACHT CHARTERS, LLC

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

FILED
2022 DEC 21 AM 10: 39
SECRETARY OF STATE
FALLAHASSEE

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

EFFECTIVE DATE 1/1/2023

Δ	LRT	ICLE	Į-	Name	
~	•7				

The name of the Limited Liability Company is: Osust one with the words "Limite I Liability Company.

Excalibor Cachet Charles, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability

7828 NW 116 Avenue Doral , FL 33178

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Lumted Liability Company extinot serve as its own Registered Agent. You must designate an individual or another business

Mirkos Pichel Avense SEFFOR 7828 NW 116 Avense SEFFOR Doral, FL 33178

ARTICLE IV-

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

AMBR Roger Tapanes 7828 NW 116 Mirkos Pichel 7828 NW 116 Avenue Doral, FZ 33178 Avenue Doral, FZ 33178

Required Signatures:

Signature of a manhander of

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Mirkos Pichel
Typed or printed name of signee

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)