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(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
(City/State/Elp/: None ")
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:							
VRD Boating, LLC								
(Must contain	n the words "Limited	d Liability Company	, "L.L.C.," or "LLC.")					
ARTICLE II - Address: The mailing address and street add	dress of the principal	office of the Limite	d Liability Company is:					
Principa	LOffice Address:		Mailing Address:					
14852 SW 70th St		148	52 SW 70th St					
Miami, FL 33193		Mi	Miami, FL 33193					
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:								
THE MINE AND IDE TIONED SUCCE	duress of the register	ca agent are.						
	Edrian Dominguez							
		Name						
	14852 SW 70th Str		<u> </u>					
	Florida street addr	ess (P.O. Box <u>NOT</u>	acceptable)					
	Miami	FL	33193					
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Edrian Dominguez 14852 SW 70th St. Miami, FL 33193
	
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed as not of State's records.
ARTICLE VI: Other provisions, if any	
REQUIRED SIGNATURE:	huand
This document is exec I am aware that any fa	cuted in accordance with section 605.0203 (1) (b), Florida Statutes. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
Edrian Domine	Typed or printed name of signee
\$125.00 Filling Fee for Articles of C	Piling Fees: Drganization and Designation of Registered Agent

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)