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	(Requestor's Name)	
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PICK-UF	WAIT	MAIL
	(Business Entity Name)	
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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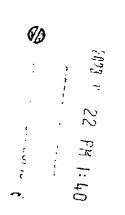
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SECRETARY OF STAT



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Knallhart Marina Holding, LLC	
Please Debit FCA000000003 For: 125	
Thank you Seth Neeley	
1	
Ally	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: SETH 06/22/2023	UCC 1 or 3 File
	UCC 11 Search
Name Date	Time UCC II Retrieval
Walk-In Will Pick Up _	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:		
Knallhart Marina Hol	ding, LLC		
(Must conta	in the words "Limited Liab	ility Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal office	of the Limited	Liability Company is:
Principa	l Office Address:		Mailing Address:
2470 SW 21ST STRE FORT LAUDERDAL			3 POINSETTIA DR T LAUDERDALE, FL 33305
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own Reg	egistered Ager istered Agent.	nt's Signature: You must designate an individual or
The name and the Florida street a	ddress of the registered age	nt are:	
	Hunter Sundberg, Esq.		
		me	
	100 NE Third Avenue, So	site_1000	
	Florida street address (P.	O. Box <u>NOT</u> a	cceptable)
	FORT LAUDERDALE	FL.	33301
	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)

2023 JUN 22 AM 3: 34 SECRETARY OF STATE

Title:	Name and Address:	
"AMBR" = Authorized Membe		
"MGR" = Manager		
MBR	David Cardaci	
	1753 POINSETTIA DR FORT LAUDERDALE, FL 33305	
	PORT EMODERDADE, PL 33303	
	· · · · · · · · · · · · · · · · · · ·	
		
(Use attachment if necessary)		
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

ARTICLE IV-

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