

**L23000403242**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6281

From:

Account Name : NELSON & ASSOCIATES, C.P.A., P.A.  
Account Number : I28120000083  
Phone : (305)593-0229  
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OPERATIONS  
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FLORIDA LIMITED LIABILITY CO.  
Yacht Service & Supply LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

YACHT SERVICE & SUPPLY 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:Mailing Address:1025 CAROLINA AVE1025 CAROLINA AVEFT. LAUDERDALE, FL 33312FT. LAUDERDALE, FL 33312

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

JORDAN CALLA

Name

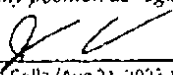
1025 CAROLINA AVEFlorida street address (P. O. Box NOT acceptable)FT. LAUDERDALEFL33312

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.

  
Jordan Calla (Aug 21, 2023 16:19 EDT)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

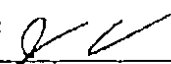
"MGR" = Manager

**Name and Address:**AMBRJORDAN CALLA  
1025 CAROLINA AVE  
FT. LAUDERDALE, FL 33312AMBRBRIAN JURGRAU  
2341 NW 10TH CT  
PLANTATION, FL 33322

(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:**  
Jordan Calla (Aug 21, 2023 16:19 EDT)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.JORDAN CALLA

Typed or printed name of signer

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