

## Florida Department of State

Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : TRIPP SCOTT, P.A.  
Account Number : 075350000065  
Phone : (954)525-7500  
Fax Number : (954)761-8475

2024 JUN 23 AM 9:00

2024 JUN 23 PM 12:52

**FLORIDA LIMITED LIABILITY CO.  
WATER TAXI ENTERPRISES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

[Electronic Filing Menu](#)

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

WATER TAXI ENTERPRISES, 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:

1366 SE 17TH STREET  
FORT LAUDERDALE, FL 33316

Mailing Address:

160 OLD DERBY ST  
STE 333  
HINGHAM, MA 02043

## 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:

TRIPP SCOTT, P.A.

Name

ATTN: MARIANNA SEILER DEJAGER, ESQ.  
110 SE 6TH STREET, 15TH FLOOR

Florida street address (P.O. Box NOT acceptable)

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..*

Marianna Seiler DeJager

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 JUN 23 AM 9:00  
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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

WILLIAM WALKER

**Name and Address:**

1366 SE 17TH STREET  
FORT LAUDERDALE, FL 33316

(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:**

*Marianna Seiler DeJager*

Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0205 (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.817.153, F.S.

MARIANNA SEILER DEJAGER, ESQ, Authorized Representative  
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)

2024-01-23 11: 9:00