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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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FLORIDA CAPITAL COURIER SE	RVICES, INC (850) 524–5437
2330 CLARE DR	(850) 524–6243
TALLAHASSEE, FL 32309	(850) 491–9625
Please use funds from this accordant Authorization Signature:	- 1 5
Business Name: 5B YACHT S	SALES, LLC
Document #	
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp	Amendment
Not for Profit	Resignation of R.A. Officer/Director
_XLimited Liability	Change of Registered Agent
Domestication	Revocation of Dissolution
LLLP	Merger
CORP	Articles of Conversion
Other	Restated Articles of Incorporation
Other	Statement of Authority
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Apostille	Foreign Filing
Country	Reinstatement
	Qualification
	Annual Report
	Fictitious Name

EXAMINER'S INITIALS:____

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

PLEASE USE FUNDS FROM THIS A AUTHORIZATION SIGNATURE: 5 B Yacht Sales LLC	CCOUNT: 120210000160: \$ 125:-	
BUSINESS (Name)	Document #	
Walk in	Pick up time	
Mail out	Will wait	
Photocopy		
Certified Copy of Articles of		
Certificate of Status		
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other LLLP	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawaliMergerConversion	
OTHER FILINGS	REGISTERATION/QUALIFICATIONS 5	رد د ارد
Annual Report	Foreign Filing Limited Partnership	تمص
Fictitious Name	Reinstatement Trademark	
APOSTIL () Country	Other	

EXAMINER'S INITIALS:_____

COVER LETTER

	ew Filing Se ivision of Co				
SUBJECT	5B Yacht	Sales, LLC			
Sobace.	·• _	Name of I	Limited Liability Company		
The enclos	ed Articles o	f Organization and fee(s)	are submitted for filing.		
Please retu	m all corresp	oondence concerning this	matter to the following:		
	Christi Brig	ght			
			Name of Person		
			Firm/Company		
	25 Hendrick	ks Isle Unit 204			
			Address		
	Fort Lauder	dale, FL 33301			
	jhurch@jjhpa	a.com	City/State and Zip Code		
-		E-mail address: (to be use	ed for future annual report notificati	ion)	
For further in	aformation co	oncerning this matter, plea	ase call:		
	James J Huro	challa, Esquire	954 621-5297	200	
•	Nan		Area Code Daytime Telephon	1 · ; ·	i į
Enclosed is	a check for t	he following amount:		29 Res	;:
⊠\$125.00		_	& □S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Ostificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	
		ng Address	Street Address	udeion	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

5B Yacht Sales, LLC	3			
(Must cont	ain the words "Limited l	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal o	ffice of the Limited	Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
25 Hendricks Isle Ur	nit_204	25 H	lendricks Isle Unit 204	
Fort Lauderdale, FL	33301	Fort	Lauderdale, FL 33301	
(The Limited Liability Company	cannot serve as its own	& Registered Agei Registered Agent, '	You must designate an individ	ual or
(The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own active Florida registration	Registered Agent. n.) agent are:	You must designate an individ	ual or
another business entity with an a	cannot serve as its own active Florida registration address of the registered	Registered Agent. n.) agent are:	You must designate an individ	ual or
another business entity with an a	cannot serve as its own active Florida registration address of the registered	Registered Agent. n.) agent are: squire Name	You must designate an individ	ual or
another business entity with an a	cannot serve as its own active Florida registration address of the registered James J Hurchalla, E.	Registered Agent. agent are: squire Name 1 Unit 206	You must designate an individ	ual or
another business entity with an a	cannot serve as its own active Florida registration address of the registered James J Hurchalla, Editor E Las Olas Blvd	Registered Agent. agent are: squire Name 1 Unit 206	You must designate an individ	ша] от
another business entity with an a	cannot serve as its own active Florida registration address of the registered James J Hurchalla, Editor E Las Olas Blvd Florida street address	Registered Agent. agent are: squire Name I Unit 206 (P.O. Box NOT ac	You must designate an individe	ual or

(CONTINUED)

CAHAR 29 AHIO: C

MCD	Name and Address:
MGR	Christi Bright 25 Hendricks Isle Unit 204
	Fort Lauderdale, FL 33301
\ MGR	Michael Bright
	25 Hendricks Isle Unit 204
	Fort Lauderdale, FL 33301
(Use attachment if necessary) FIGURY: Effective date if other than the date	of filing: March 28, 2024 . (OPTIONAL)
n effective date is listed, the date must be sp	ecific and cannot be more than five business days prior to or 90 days a
e: If the date inserted in this block does not n	meet the applicable statutory filing requirements, this date will not be list of State's records
e: If the date inserted in this block does not a document's effective date on the Department	neet the applicable statutory filing requirements, this date will not be list of State's records.
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e: If the date inserted in this block does not a document's effective date on the Department CICLE VI: Other provisions, if any. s is a Manager Managed Limited Liability Co REQUIRED SIGNATURE: Signature of a me	mpany. Meliculation of State's records.
TICLE VI: Other provisions, if any. s is a Manager Managed Limited Liability Co. REQUIRED SIGNATURE: Signature of a me This document is execut	ember or an authorized representative of a member.
te: If the date inserted in this block does not a document's effective date on the Department TICLE VI: Other provisions, if any. Is is a Manager Managed Limited Liability Co REQUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false	mpany. Alexalla ember or an authorized representative of a member.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)