

**L24000265798**

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

From:  
Account Name : PRI OCEAN AMERICAN GROUP LLC  
Account Number : I20230000080  
Phone : (813)333-1296  
Fax Number : (813)515-5274

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: MiASCCAPD@gmail.com

RECEIVED  
2024 JUN 13 PM 4:57

**FLORIDA LIMITED LIABILITY CO.  
MILAS BOATING LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 1        |
| Page Count            | 01       |
| Estimated Charge      | \$160.00 |

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MILAS BOATING 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:10501 CHAMBERS DR  
TAMPA, FL 33626Mailing Address:10501 CHAMBERS DR  
TAMPA, FL 33626**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:

NOSLEN ARAQUE RUIZ

Name

10501 CHAMBERS DRFlorida street address (P.O. Box **NOT** acceptable)TAMPA

City

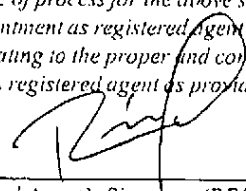
FLORIDA

State

33626

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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**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:**

MGR \_\_\_\_\_

NOSLEN ARAQUE RUIZ  
10501 CHAMBERS DR  
TAMPA, FL 33626

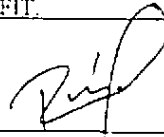
MGR \_\_\_\_\_

AMANDA ARAQUE  
10501 CHAMBERS DR  
TAMPA, FL 33626

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 06/11/2024 (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.THE PURPOSE OF THIS ORGANIZATION IS TO CONDUCT ANY AND ALL  
LAWFUL BUSINESS PERMITTED UNDER THE UNITED STATES LAW AND  
THE STATE OF FLORIDA WITH THE INTENT TO PROFIT.**REQUIRED SIGNATURE:****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.NOSLEN ARAQUE RUIZ

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)

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