

11/5/24, 2:24 PM

Division of Corporations

Florida Department of State

L24000467880

Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-5381

From: Account Name : FASTKIT CORP
Account Number : 120100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Boathouse of Islamorada, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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DIVISION OF CORPORATIONS

24 NOV -6 PM 12:34

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Boathouse of Islamorada, LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:167 Fontaine DriveTavernier, FL 33070Mailing Address:167 Fontaine DriveTavernier, FL 33070

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:

Ernesto Machado

Name

167 Fontaine DriveFlorida street address (P.O. Box **NOT** acceptable)Tavernier

FL

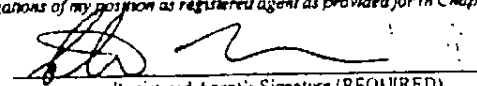
33070

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 on 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:

AMBR

Ernesto Machado
167 Fontaine Drive
Tavernier, FL 33070

AMBR

Luz E. Palacio
167 Fontaine Drive
Tavernier, FL 33070

(Use attachment if necessary)

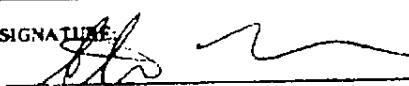
ARTICLE V: Effective date, if other than the date of filing _____ (OPTIONAL)

(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:



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 812.155, F.S.

Ernesto Machado

Typed or printed name of signer

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