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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

Phone : (800)342-9856

Fax Number : (800)354-3381

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

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FLORIDA LIMITED LIABILITY CO.

DJK BOATS, LLC Certificate of Status Certified Copy 0 Page Count 02 Estimated Charge \$125.00

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Help

H250000 211963

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE III - Registered Agent, Registered Office, & Registered	
DJK Boats, LLC. (Must contain the words "Limited Liability Compa ARTICLE 11 - Address: The mailing address and street address of the principal office of the Lim Principal Office Address: c/o KDA Hospitality, LLC 365 Canada St Lake George, NY 12845 ARTICLE III - Registered Agent, Registered Office, & Registered	nited Liability Company is:
(Must contain the words "Limited Liability Compa ARTICLE II - Address: The mailing address and street address of the principal office of the Lim Principal Office Address: c/o KDA Hospitality, LLC 365 Canada St Lake George, NY 12845 ARTICLE III - Registered Agent, Registered Office, & Registered	nited Liability Company is:
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ARTICLE III - Registered Agent, Registered Office. & Registered	Lake Gebrge, NY 12845
ARTICLE III - Registered Agent, Registered Office, & Registered	1
another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	Agent's Signature: ent. You must designate an individual or
·	
INCORPORATING SERVIC	CES, LTD.
Name	
1540 GLENWAY DR.	
Florida street address (P.O. Box NO	OT acceptable)
TALLAHASSEE, FL 3	
City State	32301
	32301 Zip
aving been named as registered agent and to accept service of process for	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.

ASSIST SECRETARY
Registered Agent's Signature (REQUIRED)

(CONTINUED)

025 J.H 17 EH 9: 35

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H250000 211963

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	David J Kenny
	2523 Castilla Isle
	Fort Lauderdale, FI. 33301
MGR	1
MOK.	Laura A Kohis 116 Wildwood Pl
	Queensbury, NY 12804
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