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(City/State/Zip/Phone #)

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(Business Entity Name)

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THE COHRS LAW GROUP, P.A.

ATTORNEYS AND COUNSELORS AT LAW

2841 EXECUTIVE DRIVE•SUITE 120•CLEARWATER•FLORIDA•33762
VOICE (727) 540-0001•FAX (727) 540-0027



† Denis A. Cohrs, Esq.
dcohrs@cohrlaw.com

† Board Certified Real Estate Attorney

April 12, 2023

Florida Department of State
Division of Corporations
Registration Sections
P.O. Box 6327
Tallahassee, FL 32314

RE: Your Boat Leasing, LLC

Dear Clerk,

Enclosed please find the Application By Foreign Limited Liability Company For Authorization To Transact Business In Florida, along with a Certificate of Good Standing for Your Boat Leasing, LLC and a check in the amount of \$130.00 for processing the application and Certificate of Status.

Please return the Certificate of Status to our office at The Cohrs Law Group, P.A., 2841 Executive Drive, Suite 120, Clearwater, FL 33762.

Sincerely,

A handwritten signature in cursive script, reading "Lori Rushing Gonzalez".

Lori Rushing Gonzalez
Paralegal to Denis A. Cohrs, Esq.

/lrg
Encl.

2023 APR 17 11:11 AM
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Your Boat Leasing, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Denis A. Cohrs, Esq.

Name of Person

The Cohrs Law Group, P.A.

Firm/Company

2841 Executive Drive, Suite 120

Address

Clearwater, FL 33762

City/State and Zip Code

dcohrs@cohrlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denis A. Cohrs

727

540-0001

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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STATE

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Your Boat Leasing, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Minnesota 3. 46-5354262
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. April 1, 2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10 South 5th Street
(Street Address of Principal Office)
Suite 110
Minneapolis, MN 55402

6. 10 South 5th Street
(Mailing Address)
Suite 110
Minneapolis, MN 55402

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

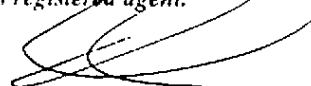
Name: The Cohrs Law Group, P.A.

Office Address: 2841 Executive Dr., Suite 120

Clearwater, Florida 33762
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Michael Jellish	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 10 South 5th Street	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 110	<input type="checkbox"/> Authorized	_____
Person	Minneapolis, MN 55402	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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STATE OF FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Signature of an authorized person

Denis A. Cohen Attorney at Law

Typed or printed name of signee

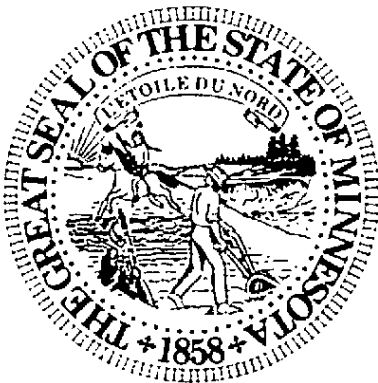
**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Your Boat Leasing LLC
Date Filed:	04/09/2014
File Number:	750932200036
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 04/12/2023

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Steve Simon
Steve Simon
Secretary of State
State of Minnesota