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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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ALLAHASSEE (TLORIU

TRANSMITTAL LETTER

	vision of Corporations			
SUBJECT:	Capt'n Pete's Bait & Tackle, LLC			
	(Name of Limited Liability Company)			
The enclosed	d Articles of Organization and fee(s) are submitted for filing.			
	Please return all correspondence concerning this matter to the following:			
	Capt'n Pete Roski			
	(Name of Person)			
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	(Firm/Company)		02 NYF 10	en- reg -
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550 I	Port-O-Call Way	SS	0	استخرو درر
	(Address)	Ü,	PH 12: 13	इ.स.
			2	ं क्ष
	Naples, FL. 34102	_ \$;		return grade
	(City/State and Zip Code)	FLORIDA	င္သာ	
		••		
For further is	nformation concerning this matter, please call:			
Pete Rosko	at (239) 643-4466			
	(Name of Person) (Area Code & Daytime Telephone Number	r)		

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Capt'n Pete's Bait & Tackle, LLC	
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
550 Port-O-Call Way	550 Port-O-Call Way
Naples, FL. 34102	Naples, FL. 34102
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered	
Capt'n Pete Rosko	
Name	
550 Port-O-Call Way Florida street address (P.O. Box NO	OT acceptable)
Naples FLC City, State, and Zip	ORIDA 34102

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 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Pete Rosko 550 Port-O-Call Way Naples, FL. 34102
	JAN 20 PA
(Use attachment if necessary)	LORID
NOTE: An additional article must be REQUIRED SIGNATURE: Signature of a member or an au	added if an effective date is requested.
(In accordance with section 608.4	408(3), Florida Statutes, the execution Tirmation under the penalties of perjury

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee