

L04000018724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

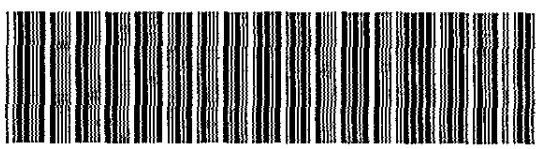
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOUIE LOUIE CHARTERS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOUIS P. SOTTINI
(Name of Person)

LOUIE LOUIE CHARTERS, LLC
(Firm/Company)

2336 NE 28th STREET
(Address)

LIGHTHOUSE POINT, FLORIDA 33064
(City/State and Zip Code)

For further information concerning this matter, please call:

LOUIS P. SOTTINI at (954) 946-9600
(Name of Person) (Area Code & Daytime Telephone Number)

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

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

LOUIE LOUIE CHARTERS, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2336 NE 28th STREET

2336 NE 28th STREET

LIGHTHOUSE POINT, FL 33064

LIGHTHOUSE POINT, FL 33064

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

LOUIS P. SOTTINI

Name

2336 NE 28th STREET

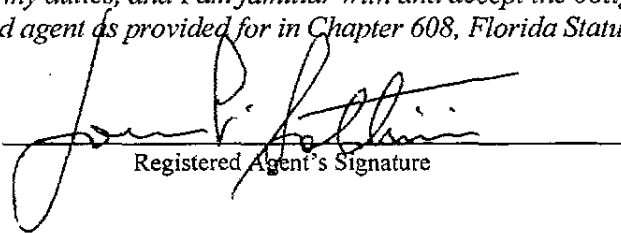
Florida street address (P.O. Box NOT acceptable)

LIGHTHOUSE POINT FLORIDA 33064

City, State, and Zip

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04 FEB 27 PM 10

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

