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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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G. MCLEOD

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EXAMINER



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COVER LETTER

| ,TO: | Registration Section Division of Corporations |
|-----------------|---|
| SUBJ | CT: Papa Bear's Fishing Charters, LLC |
| 55-5 | (Name of Limited Liability Company) |
| The e | closed Articles of Organization and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | Larry Rosenman CPA |
| | (Name of Person) |
| | Larry C Rosenman CPA, PA |
| | (Firm/Company) |
| | 12340 St. Simon Drive |
| | (Address) |
| | Boca Raton, Florida, 33428 |
| | (City/State and Zip Code) |
| For fu | her information concerning this matter, please call: |
| Ları | Rosenman CPA at 561 482-1040 |
| | (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclo | ed is a check for the following amount: |
| [] \$125 | 00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status \$\bigcup Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is: | |
|--|--|
| Papa Bear's Fishing Charters, LLC, (Must end with the words "Limited Liabili | |
| ARTICLE II - Address: The mailing address and street address of the pri | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 15589 61st place N. | 15589 61st place N. |
| Loxahatchee, Florida 33470 | Loxahatchee, Florida 33470 |
| The name and the Florida street address of the re- Larry Rosenman CP/ Name 12340 St. Simon Driv | A 20 PH 4: |
| | ress (P.O. Box NOT acceptable) |
| Boca Raton, | FL 33428 |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per | accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S |

(CONTINUED)
Page 1 of 2

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

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

| MGR | Rudy Neumann | |
|---|--|-------------|
| | 15589 61st place N. | |
| | Loxehetchee, Florida 33470 | |
| | | |
| | | |
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| | | _ |
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| | | |
| (Use attachment if necessary) | | |
| | the date of filing: (OPT | |
| fective date is listed, the date must days after the date of filing.) | st be specific and cannot be more than five busine | ss day |

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Larry Rosenman CPA for Rudy Neuman

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)