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COVER LETTER

	New Filing Section Division of Corporations		<u> </u>	
SUBJEC	Sarasota Gulf Coast Charters, LLC			
Name of Limited Liability Company				
The enclo	osed Articles of Organization and fee(s)	are submitted	I for filing.	
Please ret	turn all correspondence concerning this	matter to the	following:	
	Edward J Kosakowski			
		Name of	Person	
		Firm/Co	этрапу	
	5135 Wolf Tree Path			
	Address			
	Brewerton, NY 13029			
	thedivebarboat@gmail.com	City/State ar	nd Zip Code	
	E-mail address: (to be us	sed for future	annual report notification)	
For further	information concerning this matter, ple	ase call:		
	Edward Kosakowski	315	569-4980	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for the following amount:			
\$125.00	Filing Fee S130.00 Filing Fee & Certificate of Status	└─¹Certifi	00 Filing Fee & S160.00 Filing Fee. certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Sarasota Gulf Coast Charters, LLC	
(Must contain the words "Limited Liabil	lity Company, "L.L.C" or "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:
5135 Wolf Tree Path	5135 Wolf Tree Path
Brewerton, NY 13029	Brewerton, NY 13029
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agen	m 🔑
Michael D Carns, Sr	APR
Nar	me デース

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 agrée 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..

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

State

1339 Windward Dr

City

Osprey

Registered Agent's Silvarture (REQUIRED)

Zip

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager MGR	Scott P Carns 7128 Boardwalk Dr Cicero, NY 13039
	MGR	Edward J Kosakowski 5135 Wolf Tree Path Brewerton, NY 13029
		TILED TILED
DTI	(Use attachment if necessary)	oto of Elimon 4/16/2019 (OPTIONAL)
lf an he da Note:	effective date is listed, the date must be a te of filing.)	specific and cannot be more than five business days prior to or 90 days after to meet the applicable statutory filing requirements, this date will not be listed as nt of State's records.
ARTI	CLE VI: Other provisions, if any.	
	REQUIRED SIGNATURE:	11 km
	Signature of a	member or an authorized representative of a member.

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.

Edward J Kosakowski

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)