LZ0000144127

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Office Use Only



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05/21/20--01002--011 **160.00



COVER LETTER

TO:

New Filing Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
"GRACE WINS CHARTERS LIC"	
(Must contain the words "Limited Liability 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:	
207 315T WEST PALM BEACH FLORIDA 3340-9 3340-9 BEACH FLORIDA PRIM PERCH, FLORIDA 33480	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
DAN D. JENKINT Name	
201318	
Florida street address (P.O. Box NOT acceptable)	
WEST FR.M BERT F(3300) City State Zip	
City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability company at the blace designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. $I: x \to 0$ further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I and familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.	20.
Man Wille	•
Registered Agent's Signisture (REQUIRED)	3
	- :
(CONTINUED)	=

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	DAN O. JENKIN
-71-1016	200
	200 719 WEIT PRMAEACH FL 3340
(Use attachment if necessary)	
TICLE V: Effective date, if other than the effective date is listed, the date imust date of filing.) te: If the date inserted in this block does	es not meet the applicable statutory filing requirements, this date will not be liste
TICLE V: Effective date, if other than the effective date is listed, the date must date of filing.) te: If the date inserted in this block does document's effective date on the Department.	t be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be liste
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FICLE V: Effective date, if other than the effective date is listed, the date must date of filing.) te: If the date inserted in this block doe document's effective date on the Departicle VI: Other provisions, if any. REOURED SIGNATURE: Signature of This document is I am aware that an constitutes a third	es not meet the applicable statutory filing requirements, this date will not be liste riment of State's records. A place of a member of an authorized representative of a member. The executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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)

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: GRACE WINS CHAR	ZTERT ILC //
The enclosed Articles of Organization and feets) are submitt	ed for filing.
Please return all correspondence concerning this matter to the	e following:
OAN D. JENA	C/I/X
GRACE WINT	Company Company
207 31TT	, Onipany
	dress
WETT PAIM BEAC City/State Captain Dans 4(E) 6 M E-mail address: (to be used for future	and Zip Code AGU. COM e annual report notifications
For further information concerning this matter, please call:	
DAND TENCIM at (305) Name of Person Area Code	979 -5450 Daytime Telephone Number
Name of Person Area Code	Daytime Terephone Number /
Enclosed is a check for the following amount:	
Certificate of Status Cert	155.00 Filing Fee & LES 160.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed
Mailing Address	Street Address
New Filing Section	New Filing Section Division
Division of Corporations P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Fig. Box 0.527 Fallahassee, FL 32314	Tallahassee, F1, 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
"GRACE WINS CHARTER	T 4001
(Must contain the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
207 3157	P.O ROX 567
WEST PALM BEACH FLORIDA	DRILL REBUT -1701DA 33

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DAIN D. JANINI

Name

2003157

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

WETT FH. M. SHEH EL 33400

City State Zip

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 605, F.S..

Registered Agent's Signmire (REQUIRED)

(CONTINUED)

<u>litle:</u>		Name and Address;
AMBR" = Authoriz	zed Member	
MGR" = Manager		DOW O TENEINE
AMBR		9,50
		DAN D. JENKING 200 RITT WATT PACKSEACH FL
		
		
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