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TALLAGAS SEE FLORIDA

22 JUL 27 I.H 9:

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500					
ACCOUNT NO. : I2000000195					
REFERENCE : 83.8880 7977112					
AUTHORIZATION:					
COST LIMIT : \$ 130.00					
ORDER DATE : July 27, 2022					
ORDER TIME : 1:47 PM					
ORDER NO. : 836880-010					
CUSTOMER NO: 7977112					
DOMESTIC FILING					
NAME: ISLAND SHELLING DOLPHIN AND FISHING ADVENTURES LLC					
EFFECTIVE DATE:					
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING CONTACT PERSON: Alexxis Weiland - EXT.					
CONTACT PERSON: Alexxis Weiland - EXT.					
EXAMINER'S INITIALS:					

DocuSign Envelope ID: EE16AEB0-7DF3-4598-9290-63A77AE26F24

COVER LETTER

		CC	VERLEITER		
TO:	New Filing Se Division of Co				
SUBJEC	Island Sh	elling Dolphin and Fishing			
		Name of Lir	mited Liability Company		
The encl	osed Articles o	f Organization and fee(s) ar	e submitted for filing.		
Please re	turn all corresp	ondence concerning this ma	atter to the following:		
	Christopher	R. O'Brien, Esq.			
			Name of Person		
	Woods, We	idenmiller, Michetti & Rud	inick LLP		
			Firm/Company		
	9045 Strada	Stell Court, Suite 400			
		<u> </u>	Address		
	Naples, FL	34109			
			ity/State and Zip Code		Ŋ
		firmnaples.com	···		ر چے
	I	E-mail address: (to be used	for future annual report notificat	ion)	7
For further	information co	ncerning this matter, please	call:		22 JUL 27
	Christopher F	R. O'Brien 23			£Н 9:
	Nam	e of Person Ar	rea Code Daytime Telephon	e Number	: 17
Enclosed i	s a check for th	ne following amount:			
□\$125.0 0	Filing Fee	■\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	- d)

Mailing Address
New Filing Section
Division of Corporations

Street Address
New Filing Section Division
The Centre of Tallahassee

DocuSign Envelope ID: EE16AEB0-7DF3-4598-9290-63A77AE26F24

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Island Shelling Dolphin and Fishing Adventures LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

The mailing address and street	address of the principal <u>pal Office Address:</u>	office of the Limit	ed Liability Company is: Mailing Address:	
	o mee maaress.			
11629 Talon Drive			629 Talon Drive	
Naples, FL 34120	<u> </u>	<u>N</u>	aples, FL 34120	
•				_
ARTICLE III - Registered Ag	ent. Registered Office	& Registered Ac	ent's Signature	
(The Limited Liability Company	y cannot serve as its ow	n Registered Agen	t. You must designate an individual or	
another business entity with an	active Florida registrati	ion.)		
				22
The name and the Florida street	address of the registere	ed agent are:		22 JUL 2
	WWMR Statutory	Acont LLC		<i>j</i> ==
	W WINK Statutory 7	Name		~1 \(\mathcal{O}\)
		140016		
	9045 Strada Stell Co	ourt, Suite 400		Ž.
	Florida street addre	ss (P.O. Box NOT	acceptable)	Ġ
			•	
	Naples	FL	34109	7
	City	State	7in	

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 Signature (REQUIRED)

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Evan Kuperman 11629 Talon Drive Naples, FL 34120	- - -
MGR	Neale Kuperman 11629 Talon Drive Naples, FL 34120	- - -
		ر . 10 ع
		L 27
		AH 9:
(Use attachment if necessary)		
(If an effective date is listed, the date must be the date of filing.)	odate of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ment of State's records.	•
ARTICLE VI: Other provisions, if any. Any and all lawful business.		
REQUIRED SIGNATURE by:	form	
Statement is ex This document is ex I am aware that any	a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.	
Evan Kuperr	man	

Typed or printed name of signee