



Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

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From:

Account Name : PARCORP SERVICES, LTD.

Account Number : I19990000011 Phone : (727)320-9848 Fax Number : (727)320-9648 ATTN SE LUNTE

LIMITED LIABILITY COMPANY

Day In Paradise Charters, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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January 3, 2000

PARCORP SERVICES, LTD

SUBJECT: DAY IN PARADISE CHARTERS, LLC

REF: W00000000078

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt Document Specialist FAX Aud. #: H00000000019 Letter Number: 200A00000105

SECRETARY OF STATE
DIVISION OF CHAFORATIONS

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Fax Audit No. (((H00000000019 0)))

STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF DAY IN PARADISE CHARTERS, LLC

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

DAY IN PARADISE CHARTERS, LLC

ARTICLE II - Address:

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

319 YORKSHIRE STREET, PORT CHARLOTTE, FLORIDA 33954

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

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

	KATHLEEN L. HOLCOMB
	Name
	319 YORKSHIRE STREET
F	lorida street address (P.O. Box NOT ACCEPTABLE)
	PORT CHARLOTTE, FL 33954
	City. State and 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 608, F.S.

Registered Agent's Signature

ARTICLE IV - Management (Check Box if Applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore. a manager - managed company.

Signature of a member or 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.)

> MICHAEL J. JAGODA Typed or Printed name of signee

Preparer Info:

Parcorp Services, Ltd. / Michael J. Jagoda,

PMB 258 - 13799 PARK BLVD. N., SEMINOLE, FL 33776 / Phone: 727-320-9848

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

DAY IN PARADISE CHARTERS, LLC

2. The name of the Florida street address of the registered agent are:

Name

319 YORKSHIRE STREET
Florida street address (P.O. Box NOT ACCEPTABLE)

PORT CHARLOTTE, FL 33954

City, State and 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 608, F.S.

Signature of Registered Agent

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