L02000016975 FLATS WITCH 99615 O.S. HWY. KEY LARGO, FL. 33037 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy ☐ Pick up time Walk in ☐ Certificate of Status Photocopy ☐ Will wait Mail out **AMENDMENTS** NEW FILINGS ☐ Amendment ■ Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability ☐ Dissolution/Withdrawal Domestication Other

OTHER FILINGS

Annual Report Fictitious Name ☐ Merger

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

CR2E031(7/97)

ARTICLES OF QRGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: FLATS WITCH CHARTERS LLC
FLAIS WIICH CHINTEIN
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
99613 Overseas Hwy
99615 Overseas Hwy KEY LARGO Fl 33037 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature
The name and the Florida street address of the registered agent are:
Name A75 St Thomas Ave Florida street address (P.O. Box NOT acceptable) 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. If urther 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 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.
(An additional article must be added if an effective date is requested)
Signature of a member or an authorized representative of a member.

Filing Fees:

that the facts stated herein are true.)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)