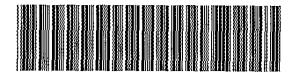
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(Requestor's Name)	
(Address)	<del></del> ,-
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	\!L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

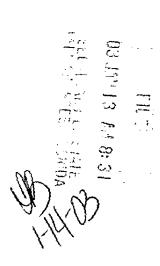
Office Use Only



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MR 35483





## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

December 17, 2002

MATTHEW GILES 685 SE LAKEVIEW DR. KEYSTONE HEIGHTS, FL 32656

SUBJECT: ONE MORE CAST FISHING CHARTERS, LLC

Ref. Number: W02000035193

We have received your document for ONE MORE CAST FISHING CHARTERS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 102A00066355

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 (850) 245-6051

Matthew Giles Registration of: One More Cast Fishing Charters, LLC

Dear Registration Section,

December 11, 2002

Enclosed you will find the papers necessary to register One More Cast Fishing Charters, LLC. My name, address, and daytime telephone number are as follows. Please let me know if you require any additional information.

Matthew Giles 685 SE Lakeview Drive Keystone Heights, FL 32656

352-281-0301

Sincerely, A Cathles Sal

Matthew Giles

## ARTICLES OF ORGANIZATION FOR FLÖRIDA LIMITED LIABILITY COMPANY

•	ARTICLE I - Name: The name of the Limited Liability Company is: One More Cast Fishing Charters, LLC.
	ARTICLE II - Address: 685 5E Lakeview Dr. Keystone Heights, FL 32656 The mailing address and street address of the principal office of the Limited Liability Company is:
	ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
	The name and the Florida street address of the registered agent are:
	Matthew Giles
	Name
	685 SE Lakeview Dr
	Florida street address (P.O. Box NOT acceptable)
	Key Stone Heights FL 32656 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.
	Registered Agent's Signature
	(An additional article must be added if an effective date is requested)  Signature of a member or an authorized representative of a member.
	Signature of a member or an 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.)
	$\sigma$

Typed or printed name of signee

Filing Fees:
\$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)