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TRANSMITTAL LETTER

WBJECT: PROSPECTIVE CHARTERS, LLC (Name of Limited Liability Company)		
,,,,,,,		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
SARDHA KALUARATCHI,CPA		
(Name of Person)	_	
W. BRAD CLARK & ASSOCIATES, PC		
(Firm/Company)		
5431 CONNECTICUT AVE NW,		
(Address)		
WASHINGTON, DC 20015		
(City/State and Zip Code)	OL JAN 13	
or further information concerning this matter, please call:	<u> </u>	
	₩.	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



December 24, 2003

SARDHA KALUARATCHI, CPA W/BRAD CLARK & ASSOCIATES, PC 5431 CONNECTICUT AVE NW WASHINGTON, DC 20015

SUBJECT: PROSPECTIVE CHARTERS, LLC

Ref. Number: W03000039207

We have received your document for PROSPECTIVE CHARTERS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6913.

Letter Number: 203A00068627

Diane Cushing Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address:			
The mailing address and street address of	the principal office of the Limited Liability Compa		
Principal Office Address:	Mailing Address:		
	C/O SARDHA KALUARATCHI		
	5431 CONNECTICUT AVE NW,#101		
	WASHINGTON, DC 20015 tered Office, & Registered Agent's Signature;		
The name and the Florida street address of	Torgan Watt Name		
,			
133	39 HATHER LOOP DR ss (P.O. Box NOT acceptable)		
Florida street addre			

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	• •
MORGAN WATT - May	1339 HATCHER LOOP DR,BRANDON FL3351	
AMBER WATT - Mayon	1339 HATCHER LOOP DR, BRANDON FL335	
		10
(Use attachment if necessary)		STARFTON
	added if an effective date is requested.	OF PENE
REQUIRED SIGNATURE: Signature of a member or an au	uthorized representative of a member.	<u>.</u>
(In accordance with section 608.	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury	

MORGAN WATT

that the facts stated herein are true.)

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)