

W4000040686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certificates of Status

Special Instructions to Filing Officer:

5/24 FL CC

CCGLWS

CCUWS

Office Use Only



MEMO

64-13343

DANIEL P. SMITH
19 CLUB HOUSE DRIVE – P O Box 98
FREEPORT, FL 32439
(850) 835-1362

MAY 21, 2004

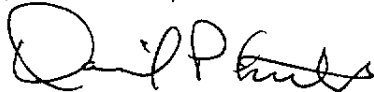
REGISTRATION SECTION
DIVISION OF CORPORATIONS
P O Box 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE COMPLETED ARTICLES OF
ORGANIZATION TO FORM SHAMELESS CHARTERS LLC.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE NUMBER LISTED
ABOVE.

SINCERELY,

A handwritten signature in black ink, appearing to read "Daniel P. Smith", written in a cursive style.

DANIEL P. SMITH

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shameless Charters L.L.C.
(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:

Daniel P. Smith
(Name of Person)

Shameless Charters L.L.C.
(Firm/Company)

19 ClubHouse Dr. - P.O. Box 98
(Address)

Freeport, FL 32439
(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel P. Smith at (850) 835-1362
(Name of Person) (Area Code & Daytime Telephone Number)

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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Shameless Charters LLC

ARTICLE II - Address:

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

Principal Office Address:

19 Club House Drive
Freeport, FL 32439

Mailing Address:

P.O. Box 98
Freeport, FL 32439

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

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

Betsy Camposano
Name

256 Bay Avenue
Florida street address (P.O. Box **NOT** acceptable)

DeFuniak Springs FLORIDA 32435
City, State, and Zip

04/17/2013 13:13

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, Florida Statutes..

Betsy Camposano
Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Manager

Daniel P. Smith
P.O. Box 98
Freeport, FL 32439

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Daniel P. Smith

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)