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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN SEP 17 2004

Fed Id: 20-1621596

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TOP COP FISHING 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:

SHANNON ROSIER  
(Name of Person)

ROSIER & COMPANY, INC.  
(Firm/Company)

1838-B JACLIF COURT  
(Address)

TALLAHASSEE, FL 32308  
(City/State and Zip Code)

For further information concerning this matter, please call:

SHANNON ROSIER at ( 850 ) 877-6362  
(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

FILED  
04 SEP 17 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FILED  
SEP 17 AM 8:05  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TOP COP FISHING CHARTERS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1521 SHADOW RIDGE CIRCLE

SARASOTA, FL 34240

**Mailing Address:**

1521 SHADOW RIDGE CIRCLE

SARASOTA, FL 34240

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

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

EDWARD HOWELL

Name

1521 SHADOW RIDGE CIRCLE

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

SARASOTA

FLORIDA 32308

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, Florida Statutes..*

Edward Howell

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:**

MGRM

EDWARD F. HOWELL

1521 SHADOW RIDGE CIRCLE

SARASOTA, FL 34240

MGRM

EDWARD F. HOWELL, III

1521 SHADOW RIDGE CIRCLE

SARASOTA, FL 34240

(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.)

EDWARD HOWELL

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)

FILED  
SEP 17 AM 8:05  
04  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE