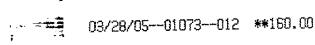
05000)31105

(Re	equestor's Name)	·
····		
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	<u>. #</u>
(O.	yrotato/2:p/i fione	, 11)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		1
		aki).
	Office Use Only	~ M/81



600048742636



-

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fin Expeditions LTD. Co.
(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:

(Name of Person)

Fin ExpEditions LTD CO
(Firm/Company)

CocoA Beach F1 3293/
(City/State and Zip Code)

For further information concerning this matter, please call:

Henry (Timothy Mastain at (321) 783-6092 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Fil

☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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:

ARTICLE II - Address:

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

Principal Office Address: Mailing Address:

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

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

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

Coena Beach FL 3293

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..

(CONTINUED)

The same

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:
* <u>M&R</u> *	HERMAN TIMOTH STATE N 425 North State Drive COLOS BOACH FT.
MgR	HERMAN Timothy CHASTAIN 425 Aboth Shore Deive COCOA BEACH FI 32931
(Use attachment if necessary)	2005 HAR
NOTE: An additional article must be REQUIRED SIGNATURE:	
Signature of a member or (In accordance with section of this document constitute that the facts stated herei	an authorized representative of a member. 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury in are true.) MASTAM or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

* Entered

ERROR HTC