## 105000049270

(Re	equestor's Name)	
(Ad	ldress)	<u></u>
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	rsiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
5/11	FL	C

Office Use Only



100053891911

1957 1765--01046 - 108 - ++175.10

0580711 1133

44**11**, **1** 

	TRANSM	HTTAL LETTER	Λ h/
	sistration Section ision of Corporations		Saul print
SUBJECT:	Pennywise Charters, LLC		18 am
	(Name of Lin	nited Liability Company)	T X
The enclosed	1 Articles of Organization and fee(s) a	re submitted for filing.	er cop
Please return	all correspondence concerning this m	natter to the following:	
	Terrence P. McHugh		
		(Name of Person)	<del></del>
Terrence	P. McHugh, LLC		
		(Firm/Company)	
1-	4600 Detroit Avenue, Suite 1378		
_		(Address)	<del></del>
	Lakewood, Ohio 44107		
	(	City/State and Zip Code)	
For further in	nformation concerning this matter, ple	rase call:	
Terrence P	. McHugh	at ( 216 ) 529-1642	
	(Name of Person)	(Area Code & Daytime Telephe	one Number)
Enclosed is	a check for the following amount:		

STREET ADDRESS:

**3** \$125.00 Filing Fee

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

□ \$130.00 Filing Fee &

Certificate of Status

MAILING ADDRESS:

1 \$160.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

☐ \$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

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:			
Pennywise Charters, LLC			
, <u>, , , , , , , , , , , , , , , , , , </u>			
ARTICLE II - Address: The mailing address and street address of th	ne principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
217 Thatch Palm Drive	Same		
Boca Raton, Florida 33432			
Douglas G. Bugle N	ame		
217 Thatch Palm Drive			
Florida stree	et address (P.O. Box <u>NOT</u> acceptable)		
Boca Raton, 33432	FL		
City, St	ate, and Zip		
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complete	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as eacity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S		
Registered As	cent's Signature		

(CONTINUED)

Page 1 of 2

## 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" = Managir	Name and Address:
MGRM	Douglas G. Bugie
	217 Thatch Palm Drive
	Boca Raton, 33432
(Use attachment if no	ecessary)
NOTE: An additio	nal article must be added if an effective date is requested.
REQUIRED SIGN.	ATURE:
	MM
Sig	mature of a member of an authorized representative of a member.
of	accordance with section 608.408(3), Florida Statutes, the execution this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
D	ouglas G. Bugie
	Typed 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)