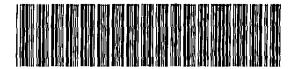
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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M. HODGES

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Blue Iquana Char (Name of Limite	ters 人人C. ed Liability Company)	
The enclosed Articles of Organization and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
_ Scotty Gray	N CD	
(Name of Person)	
Blue Iguana Charters	rrc	
	(Firm/Company)	
17828 Parker Ros	(Address)	
Homer Glann It 6	O 4 9 /State and Zip Code)	··
For further information concerning this matter, please	call:	
Scott y Gray (Name of Person)	at (708) 516 - (Area Code & Daytime To	9.53.7 elephone Number)
Enclosed is a check for the following amount:		
☐ \$125.00 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)
CTREET ADDRESS.	BELEF THIN A	D 10 D 10 C

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:	
Blue Iguana Charters L.L.C.	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab	oility Company is:
Principal Office Address: Mailing Address:	
17828 ParterAd 17828 ParterAd Homer Glenn	EN .
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S	Signature:
The name and the Florida street address of the registered agent are: Eric D. High Will, 1359, Name	
Florida street address (P.O. Box NOT acceptable) West falm Beach 3 34 0 City, State, and Zip	+300C
Having been named as registered agent and to accept service of process for the all liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Charles	appointment as he provisions of al familiar with and
	0
Registered Agent's Signature	5 19
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	P.
(CONTINUED)	· ·

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
marm	Scotty Gray
	Scotty Gray 17828 Parker Road
	Homer Glenn Ih 60491
(Use attachment if necessary)	
NOTE: An additional article	must be added if an effective date is requested.
REQUIRED SIGNATURE:	-
	M
Scott	1 AVAGAT
Signature of a	member of an authorized representative of a member.
(In accordance of this document	member of an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)

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)