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SECRETARY OF STATE

## TRANSMITTAL LETTER

TO: Registration Se Division of Con				
SUBJECT: 52	EAGILL J (Name of Limited	SORT REN	1418	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.		
Please return all correspondent	ondence concerning this matte	r to the following:		
	JAMES 1	Name of Person)		
SE	AGILL Z	BOAT REA	TALS	
_35	28 Unio	PUE CINC, (Address)	te_	
Ē	T Myens	State and Zip Code)	908	
VANES F	concerning this matter, please of Person)	at ( S 4 S 4 A S 4 A A A A A A A A A A A A A		1
Enclosed is a check fo	r the following amount:	. 1	-1 P RY OF SSEE, F	
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Ecc, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ET ADDRESS: ration Section	MAILING A Registration S		

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32399

409 E. Gaines Street

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SEAGILL BOAT RENTALS LLC

#### ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Mailing Address:

POBOX 405

FT. MYERS FL

33908

Mailing Address:

POBOX 405

PINELAND FL

33945

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

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

VAMES F GILL

3528 UNIQUE CIN Florida street address (P.O. Box NOT acceptable)

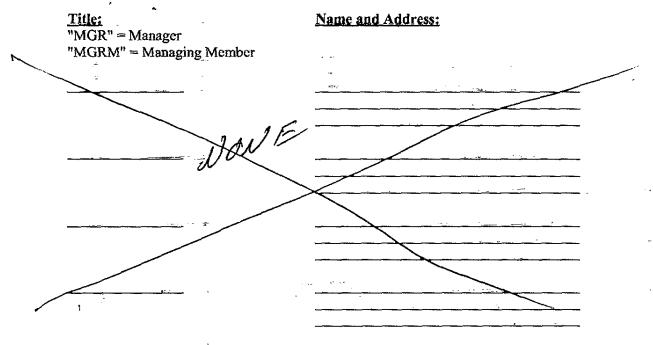
FT 11/Ens FL 33908 City, State, and Zip

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.

Registered Agent's Signature

(CONTINUED)

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



(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.)

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)