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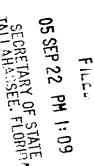
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

•	COVER	LETTER				
TO: Registration Sec Division of Cor						
SUBJECT: No Lim	nitations Fishing C		·			
	(Name of Limite	d Liability Company)				
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.				
Please return all correspondence	ondence concerning this matte	er to the following:				
Jenny H. I	Massad					
	(Name of Person)	<u> </u>			
TRUJILLO	AND ASSOCIA	TES PA			. ,	
	((Firm/Company)		_		
2828 CO	RAL WAY SUIT	E 201 B				
	<u> </u>	(Address)		_		
CORAL	GABLES, FL. 3	3145	<u> </u>			,
		/State and Zip Code)			•	
For further information c	oncerning this matter, please	call:				
JENNY MASSA	AD.	at (305) 823-23	03_			
(Name	of Person)	(Area Code & Daytime To	elephone Number)		0	
Enclosed is a check for	the following amount:			SECRE	5 SEP	
S125.00 Filing Fee	S130.00 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)	TARY OF STA	05 SEP 22 PM 1: 0	FILEU
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		19	

ARTICLES OF ORGANIZATION F	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Com	pany is:
No Limitations Fishing Charters LI	LC
(Must end with the words "Limited Liability Compa	ny, "Limited Company" or their abbreviation "LLC," or "L.C,")
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
BERNSTEINS KEVIN	1895 LEXINGTON PL,
	TARPON SPRINGS, FL 34688
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street address	s of the registered agent arc:
KEVIN BERNSTE	EIN
	

KEVIN BERNSTEIN	
Name	
1895 LEXINGTON PL,	
Florida street add	iress (P.O. Box NOT acceptable)
TARPON SPRINGS	FL 34688
City, State, a	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 (REQUIRED)

(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:

"MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MANAGER	KEVIN BERNSTEIN	
	1895LEXINGTON PL	
•	TARPON SPRINGS, FL. 34688	
MGRM	FRANK MACKEY	
	6073 137TH TERRACE NORTH	
	CLEARWATER, FL 33760	
MGRM	EREL KERN	
	9831 58TH STREET NORTH	•
	PINELLAS PARK, FL 33782	
(Use attachment if necessary)		
• *		
ICLE V: Effective date, if other that	in the date of filing:	
ICLE V: Effective date, if other than the frective date is listed, the date in	in the date of filing: (OPTION ust be specific and cannot be more than five business da	
FICLE V: Effective date, if other than n effective date is listed, the date in	in the date of filing: (OPTION) ust be specific and cannot be more than five business da	ys prior &
ICLE V: Effective date, if other than effective date is listed, the date in	in the date of filing: (OPTION ust be specific and cannot be more than five business da	ys prior &
FICLE V: Effective date, if other than effective date is listed, the date in 90 days after the date of filing.)	in the date of filing:	ys prior &
FICLE V: Effective date, if other than n effective date is listed, the date in	in the date of filing:	ys prior &
FICLE V: Effective date, if other than effective date is listed, the date in 90 days after the date of filing.)	ust be specific and cannot be more than five business da	ys prior &
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ICLE V: Effective date, if other that effective date is listed, the date megod days after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business da	ys prior &
FICLE V: Effective date, if other that in effective date is listed, the date in 190 days after the date of filling.) REOUIRED SIGNATURE: Signature of a m (In accordance we of this document)	ust be specific and cannot be more than five business da	ys prior S. CRI
FICLE V: Effective date, if other that an effective date is listed, the date on r 90 days after the date of filling.) REQUIRED SIGNATURE: Signature of a m (In accordance we of this document that the facts we	nember or an anthorized representative of a member. With section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penaltics of perjuty toted herein are true.)	ys prior &
FICLE V: Effective date, if other that an effective date is listed, the date on r 90 days after the date of filling.) REQUIRED SIGNATURE: Signature of a m (In accordance we of this document that the facts we	nember or an anthorized representative of a member.	ys prior &
FICLE V: Effective date, if other that an effective date is listed, the date on r 90 days after the date of filling.) REQUIRED SIGNATURE: Signature of a m (In accordance we of this document that the facts we	nember or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penaltics of perjuty tated herein are true.	ys prior &

\$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