

LO60000023997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

LO6-23997

(Document Number)

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Certificates of Status _____

1

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M. HODGES

05/17/05 10:02
05/17/05 10:02

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FISH TALES CHARTERS, LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT S. TRAVERS

(Name of Person)

FISH TALES CHARTERS, LLC

(Firm/Company)

501 NAUTILUS DRIVE

(Address)

PORT ST. JOE, FL 32456

(City/State and Zip Code)

For further information concerning this matter, please call:

CONNIE THARPE

(Name of Person)

at (850) 785-4412

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (08/05)

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L06000023997
FILED 8:00 AM
March 06, 2006
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:
FISH TALES CHARTERS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
501 NAUTILUS DRIVE
PORT ST JOE, FL. US 32456

The mailing address of the Limited Liability Company is:
501 NAUTILUS DRIVE
PORT ST JOE, FL. US 32456

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
ROBERT S TRAVERS
501 NAUTILUS DRIVE
PORT ST JOE, FL. 32456

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.

Registered Agent Signature: ROBERT S. TRAVERS

Article V

The name and address of managing members/managers are:

Title: MGRM
ROBERT S TRAVERS
501 NAUTILUS DRIVE
PORT ST JOE, FL. 32456 US

L06000023997
FILED 8:00 AM
March 06, 2006
Sec. Of State
jbryan

Article VI

The effective date for this Limited Liability Company shall be:

03/06/2006

Signature of member or an authorized representative of a member

Signature: ROBERT S. TRAVERS