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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
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(Doo	umant Numbar	
(DOC	ument Number)	
•		
Certified Copies	Certificates	of Status
Special Instructions to F	ilina Officer:	
<u> </u>		

Office Use Only



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OG MAY I AM II: 28
SECRETARY OF STATE
ALASSEF FLORIDA

· COVER LETTER *

TO: Registration Section Division of Corporations	
SUBJECT: Other Si	de Charles g Florida Limited Company)
	rticles of Organization, and fees are submitted to
Please return all correspondence concerning	ng this matter to:
Daniel Long (Contact Person) Other Side Chaders (Firm/Company) [1610 (Duntry Ln. (Address) Municain Ft 34698 (City, State and Zip Code)	
For further information concerning this ma	atter, please call:
(Name of Contact Person)	at (121) 235 · 2266 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amo	unt:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

FILED

06 MAY 11 AM 11: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:				
Other Side Charles .				
(Enter Name of Other Business Entity)				
2. The "Other Business Entity" is a Sole propile tov Ship. (Enter entity type. Example: corporation, limited partnership, sole proprietorship general partnership, common law or business trust, etc.)				
first organized, formed or incorporated under the laws of				
on 3/20/06 (Enter date "Other Business Entity" was first organized, formed or incorporated)				
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:				
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:				
Other Side Charters, LLC.				
(Enter Name of Florida Limited Liability Company)				

Page 1 of 2

5. If not effective on the date of filing, enter the effective date: 1) cannot be prior to nor medocument is filed by the Florida Department of effective date listed in the attached Articles of O listed therein.)	ore than 90 days after th State; <u>AND</u> 2) must be tl	he same as the
day of	20 <u>06</u> .	·
Printed Name: <u>Saniel Long</u> Title	: Managal	
Fees: Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	OS MAY 11 AM 11: 28 OS MAY 11 AM 11: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the	Limited Liability Company	y is:	
Other	Side Charles.	LIC	
(Must end with the wo	rds "Limited Liability Company, "l	Limited Company" or their abbreviat	ion "LLC," or
ARTICLE II - A		ne principal office of the Lir	nited
Liability Compa		p 2	••••
Principal Office	: Address:	Mailing Address:	•
Junedin, F	in 34698	1610 (oughy 1 Dunedin R 727-773-/638	n . 34699
Signature: (The Limited Liability individual or another		ered Office, & Registered Registered Agent. You must designat	-
The name and th	e Florida street address of	the registered agent are:	6 MAY SECRE
	Daniel	long	一點二二
		lame J	SEE TO
	Florida street address (P.O. Box <u>NOT</u> acceptable)	- ES
	Duredin	FL 34698	28 ATE ORIDA
	City,	State, and Zip	
above stated lin hereby acce capacity. I fur the proper and	nited liability company at the pt the appointment as regist ther agree to comply with the complete performance of the bligations of my position as	nd to accept service of proce ne place designated in this ce tered agent and agree to act he provisions of all statutes r my duties, and I am familiar registered agent as provided	rtificate, I in this elating to with and
	Chapter 60	8, F.S	
	and		<u></u>
	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:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
<u> M612 </u>	bavid Blanchard
	905 by St. S.
	Safety Harbor, FL 34695
MGRM	Daniel Im
1.1() ()-1	IGID CAMPELLA
	Dunadia FC: 34698
<u> </u>	
	(I be attached if account)
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the	date of filing:
(OPTIONAL)	, IS 9
(If an effective date is listed, the date must l	
business days prior to or 90 days after the da	ite of filing.)
REQUIRED SIGNATURE:	
5 L	SEE OF SEE D
Day Black	el Danty To
Signature of a member or an aut	thorized representative of a member 28
(In accordance with section 608.4	108(3), Florida Statutes, the execution
of this document constitutes an aff	firmation under the penalties of perjury
that the facts sta	ated herein are true.)
David Blan	chard Dovid love
Typed or print	ted 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)