

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000203243 3)))



H060002032433ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

¿ORIDA/FOREIGN LIMITED LIABII

naples finest charters llc

Certificate of Status Certified Copy 1 Page Count 02 Estimated Charge \$155.00

Electronic Filing Menu Corporate Filing Menu

Help

406000203243

ARTICLES OF ORGANIZATION

FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company:

NAPLES FINEST CHARTERS LLC

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

4626 SIERRA LANE BONITA SPRINGS, FL 34134

ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature:

JIMMY D. SANDERS 4626 SIERRA LANE BONITA SPRINGS, FL 34134 DI AUG I U

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 reighting 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

Date 8-14-2006

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es).

MANAGER
JIMMY D. SANDERS
4626 SIERRA LANE
BONITA SPRINGS, FL 34134

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.

JIMMY D. SANDERS

Typed or printed name of signee

H06000203243