## 107000000006/

uestor's Name)	
iress)	
Iress)	
/State/Zip/Phone	e #)
☐ WAIT	MAIL
iness Entity Nar	me)
ument Number)	
Certificates	s of Status
iling Officer:	
	ļ
	ress)  /State/Zip/Phone  WAIT  iness Entity Nare  cument Number)

Office Use Only

#125-CF



300081367463

12/04/06--01019--013 \*\*125.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

007 JAN -2 PH 1: 2

Mal.



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 5, 2006

ELIZABETH HESPENHIDE 2560 S OCEAN BLVD., UNIT 710 PALM BEACH, FL 33480

SUBJECT: TA CHARTERS, LLC Ref. Number: W06000052513

We have received your document for TA CHARTERS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 4, 2006. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 906A00069641

2007 JAN -2 PM 1:25
SECRETARY OF STATE

## **COVER LETTER**

Division of Co			
SUBJECT: TA Ch	arters, LLC		
		d Liability Company)	
The enclosed Articles o	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Elizabeth	Hespenhide		
	()	Name of Person)	
	(	Firm/Company)	
2560 S C	Ocean Blvd Unit 7	'10	
		(Address)	
Palm Be	ach,FL 33480		
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Elizabeth Hesp	enhide	at (561 ) 846-114	14
(Name	e of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
✓ \$125.00 Filing Fee	\$130.00 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)
	Mailing Address Registration Section Division of Corporations	Street/Courier Addres Registration Section Division of Corporatio	200 FAL

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

107 JAN -2 PM 1:25 ECRETARY OF STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
TA Charter, LLC (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Liability Company," Liabilit	d Company" or their abbreviation "LLC	," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Li	iability Company is:
Principal Office Address:	Mailing Address:	
2560 S Ocean Blvd Unit 710	2560 S Ocean Blvd Unit 710	
Palm Beach, FL 33480	Palm Beach, FL 33480	
business entity with an active Florida registration.)  The name and the Florida street address of the r  Elizabeth Hespenhide  Name  2560 S Ocean Blvd Unit  Florida street address		
Palm Beach,	FL 33480	
City, State, a  Having been named as registered agent and to a liability company at the place designated in to registered agent and agree to act in this capacity statutes relating to the proper and complete pe accept the obligations of my position as regis  Registered Agent's Signat	accept service of process for the his certificate, I hereby accept to it. I further agree to comply with rformance of my duties, and I astered agent as provided for in Cure (REQUIRED)	he appointment as h the provisions of all m familiar with and
(CONTIN	UED)	C S TE SHOWING

Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR ·	Elizabeth Hespenhide
	2560 S Ocean Blvd
	Palm Beach, FL 33480
-	on the date of filing: (OPTIONAL)
(Use attachment if necessary)  LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.)	an the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days
LE V: Effective date, if other the fective date is listed, the date in	an the date of filing: (OPTIONAL) sust be specific and cannot be more than five business days p
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.)  REQUIRED SIGNATURE:	an the date of filing: (OPTIONAL) sust be specific and cannot be more than five business days p
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a secondance with a document of this document.	nember or an authorized representative of a member.
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a recordance of this document that the facts is	nember or an authorized representative of a member.
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a recordance of this document that the facts is	nember or an authorized representative of a member.  with section 608.408(3), Florida Statutes, the execution to constitutes an affirmation under the penaltics of perjury stated herein are true.)