## LOTOWHAY19

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only

EFFECTIVE DATE 4-1607



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04/19/07--01029--001 \*\*125.00

07 APR 19 FM 2: 06 SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Reelfishin Charlers LLC. (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Gary Bielat Son &
Reelfishin Charters Lieus
117 Westminster Drive 18 8
Tavernier FL 33070 (City/State and Zip Code)
For further information concerning this matter, please call:
Sohn G. BielaT at (20) 310-0627 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status Stat
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ree Fishin Charles L.L. (Must end with the words "Limited Liability Company, "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	s:
Principal Office Address:  117 Westmin ster Dr.  Tarer Nier, Fl.  Taver Nier, Fl.  Taver Nier, Fl.  Taver Nier, Fl. 336	ን ረ
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:    Application	200
Having been named as registered agent and to accept service cf process for the above stated limite liability company at the place designated in this cert ficate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of 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	all

EFFECTIVE DATE 4-16-07

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mGR	John Gary Bielat. 117 Westminster Dr. Tavernier, FL. 33070
MGRM	Beth Ann Bielat 117 West minster Dr. Tavernier, FL. 33070
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	e date of filing: 04/16/2007. (OPTIONAL)  De specific and cannot be more than five business days prior
<b>REQUIRED SIGNATURE:</b>	
John	Sielet ER T
(In accordance with so of this document consthat the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)

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)