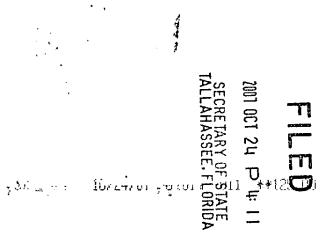
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(Requestor's Name) .		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: APTAIN ROYS FIShing CHARLER	S	
(Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.	2007 O SECR TALLA	,
Please return all correspondence concerning this matter to the following:		
Ron S. Jekonski Je	2u F	
Captain Rons Fishing CHARTERS	STATE FLORIDA	
5700 SAWYER ROAD	<u> </u>	
(Address)		
SARASTA FL. 34233 (City/State and Zip Code)		
(City/State and Esp Code)		
For further information concerning this matter, please call: (941) -809-7585 Rangled 5. Jelkonski at (941) 927-1167 (Name of Person) (Area Code & Daytime Telephone Number)	-	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & \$\times \text{\$155.00 Filing Fee & \$\times \text{\$160.00 Filing Fee & Certificate of Status} \text{\$Certified Copy & Certified Copy & Certified Copy (additional copy is enclosed)} \text{\$Certified Copy (additional copy is enclosed)}	Status &	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations		

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	:
CAPTAIN Bon'S F.15HIII (Must end with the words "Limited Liah)	is CHARTERS LLC"
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5700 Sawyer Road SARASOTA FL 34233	5700 SAWYER ROAD SARASAHA FC 3423.3
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the Royald Stanley Name 5700 5AWYER K Florida street ad SALASOTA FL City, State,	Jekonski Ja AHASSEE, FLSV OF STATE Oct 24 D 4: The state of the stat
	accept service of process for the above stated limited this certificate, I hereby accept the appointment as

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 as provided for in Chapter 608, F.S..

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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member ť (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Signature of a member of 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.) Typed or printed 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)