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(Requestor's Name)
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(Address)
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(Address)
(133,555)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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EXAMINER



Division of Cor			
SUBJECT: Patrick	's Charter Service	es LLC	
SOISECT.		ed Liability Company)	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ndence concerning this mat	ter to the following:	
Michael E.	Patrick		
		(Name of Person)	
		(Firm/Company)	
11 Capri B	lvd.		
		(Address)	
Naples Fl.	34113		
	(Ci	ty/State and Zip Code)	
For further information c	oncerning this matter, pleas	e call:	
Michael E. Patr	rick	at (239) 777-675	7
(Name	of Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	S155.00 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 P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Patrick's Charter Services LLC (Must end with the words "Limited Liability C	Company "I I C " or "I I C ")		
(Musi end with the words Limited Liability C	company, L.E.C., or LEC.		
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Compa	ıny is:	
Principal Office Address:	<u> Iailing Address:</u>		
11 Capri Blvd 1	1 Capri Blvd.		
Naples Fl. 34113	laples Fl. 34113		
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the regi	Agent. You must designate an individual or another	HVF 80	3F0F
Michael E. Patrick	अटाट्स ब्रुटार बाट.	W 22	i Z
Name			3E
11 Capri Blvd.) 1 ,72
Florida street address	s (P.O. Box <u>NOT</u> acceptable)	7	<u>بر</u> ا
Naples Fl. 34113 F	L	1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	-
City State and	7 in		

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)

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
'MGRM" = Managing Member	
AGRM	Michael E. Patrick
	11 Capri Blvd.
	Naples FI. 34113
	
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTION.
fective date is listed, the date mu	st be specific and cannot be more than five business da
days after the date of filing.)	
REQUIRED SIGNATURE:	
	II E. Patel
Ma	In Galul
	ember or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Michael E. Patrick

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee