

LD9000008034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

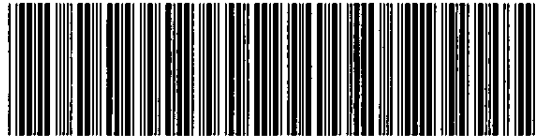
(Document Number)

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Certificates of Status \_\_\_\_\_

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09 JAN 23 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Outman JAN 26 2009

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Better Odds Charters, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles S. Isler  
Isler, Sombathy & Sombathy, P.A.  
P.O. Box 430, 434 Magnolia Avenue (Zip: 32401)  
Panama City, Florida 32402-0430

For further information concerning this matter, please call:

Charles S. Isler at (850) 769-5532

Enclosed is a check for the following amount: \$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 Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION  
OF  
BETTER ODDS CHARTERS, LLC

ARTICLE I - NAME

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The name of the limited liability company is Better Odds Charters, LLC, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

207 Hidden Pines Drive  
Panama City Beach, Florida 32408

Mailing Address:

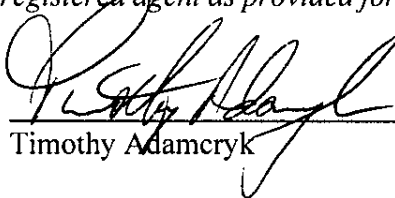
207 Hidden Pines Drive  
Panama City Beach, Florida 32408

ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Timothy Adamcryk  
207 Hidden Pines Drive  
Panama City Beach, Florida 32408

*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.*

  
Timothy Adamcryk

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

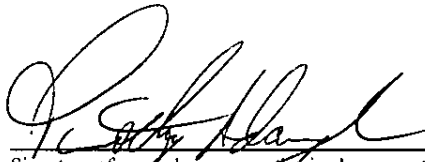
"MGMR" = Managing Member

Name and Address:

MGMR

Timothy Adamcryk  
207 Hidden Pines Drive  
Panama City Beach, Florida 32408

**REQUIRED SIGNATURE:**



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.)

Timothy Adamcryk

Typed or printed name of signee

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