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M. THOMAS

JAN 2 7 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Aquatic Access Charter Services 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:
Clinton Mason Milstead (Name of Person)
Aquatic Access Charter Services LLC.
1421 Holmesdale Rd. (Address)
Tacksonville FL 32207 (City/State and Zip Code) For further information concerning this matter, please call:
Clinton Milstead at (904) 465-4747 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\frac{125.00 \text{ Filing Fee}}{\text{Certificate of Status}} = \frac{130.00 \text{ Filing Fee} & \text{Certified Copy} & \text{(additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aquatic Access Charter Services LC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:

4,

Holmesdale Rd

Mailing Address:

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:

Clinton Mason Milstead

1421 Holmes dale Rd
Florida street address (P.O. Box NOT acceptable)

Jacksonville FL, 32207
City, State, and Zip

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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGRM"	Clinton Milstead 1421 Holmesdale Rd Jacksonville FL 32207
	SECTIFICATION OF STATE
(Use attachment if necessary)	
ffective date is listed, the date must be sp	e of filing: (OPTIONAL) ecific and cannot be more than five business days price
days after the date of filing.)	

of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

Mason Milstead

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Clinton

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)