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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

FEB 24 2009

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SOUTH FLORIDA
TALLAHASSEE, FLORIDA

2/23

Requester's Name
Jeffrey Roy Cohen
Address
297 Sunny Isles Blvd.
NMB FL 33160
City State ZIP Phone
1985A

CORPORATION(S) NAME

Free Spool Too Charters, LLC

- | | | |
|----------------------------------------------------|------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other 11C |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | <input type="checkbox"/> After 4:30 | <input type="checkbox"/> Mail Out |

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**ARTICLES OF ORGANIZATION
OF
FREE SPOOL TOO CHARTERS, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I – NAME

The name of the limited liability company shall be **Free Spool Too Charters, LLC** ("Company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the company shall be 16416 NE 26th Avenue, N. Miami Beach, Florida 33160.

ARTICLE III – DURATION

The company shall commence its existence on the date these articles of organization are filed by the Florida Department of State. The company's existence shall be perpetual, unless the company is earlier dissolved as provided in these articles of organization.

**ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE
& REGISTERED AGENT'S SIGNATURE**

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

Jeffrey Roy Cohen, Esq.
297 Sunny Isles Boulevard
Sunny isles Beach, Florida 33160

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 his or her duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..


Jeffrey Roy Cohen, Registered Agent

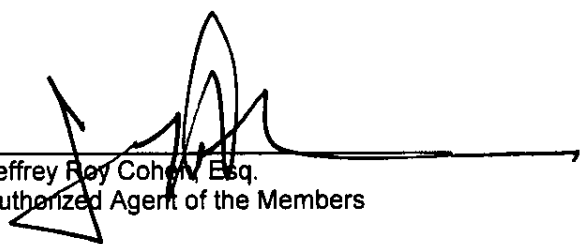
ARTICLE V - MANAGEMENT

The company shall be managed by the members in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The names and address of the members of the company are

NAME	ADDRESS
Dennis Forgione	16416 NE 26 th Avenue N. Miami Beach, Florida 33160
Jay L. Cohen	297 Sunny Isles Blvd. Sunny Isles Beach, FL 33160

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.


Signed on this 23 day of February, 2009.


Jeffrey Roy Cohen, Esq.
Authorized Agent of the Members

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 23rd day of Feb., 2009, by JEFFREY ROY COHEN.




Notary Public -- State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known ☒
OR

Produced Identification ☐ Type of Identification Produced _____