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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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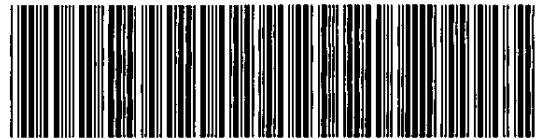
(Business Entity Name)

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DIVISION OF CORPORATIONS  
09 MAR 23 AM 11:02

T. HAMPTON

MAR 24 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SLIP AWEIGH CHARTERS 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:

MARGO ROSE  
(Name of Person)

SLIP AWEIGH CHARTERS LLC  
(Firm/Company)

11400 4TH ST. N. #402  
(Address)

ST PETERSBURG FL 33716  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARGO ROSE at ( 727 ) 289-4372  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 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 Circle  
Tallahassee, FL 32301



Slip Aweigh Charters LLC  
11400 4<sup>th</sup> St. N. #402  
St. Petersburg, FL 33716  
Phone: 866.297.0163  
Local Day/Evening: 727.289.4372  
Email: [info@yachtchartersusvi.com](mailto:info@yachtchartersusvi.com)  
[www.yachtchartersusvi.com](http://www.yachtchartersusvi.com)

Mar. 20, 2009

To:  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To whom it may concern:

Ref: EIN # 94-3472400

Enclosed, please find my check #1136 in the amount of \$125.00 for my filing fee.

Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Margo Rose".

Margo Rose, President  
Slip Aweigh Charters LLC

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SLIP AWEIGH CHARACTERS LLC

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

### ARTICLE II - Address:

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

#### Principal Office Address:

11400 4TH ST. N. #402  
ST PETERSBURG FL  
33716

#### Mailing Address:

SAME

### 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:

MARGO ROSE

Name

11400 4TH ST N. #402

Florida street address (P.O. Box NOT acceptable)

ST PETERSBURG FL 33716

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)

(CONTINUED)

Page 1 of 2

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09 MAR 23 AM 11:02

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

MARGO ROSE  
11400 4TH ST N #402  
ST PETERSBURG FL 33716

\_\_\_\_\_

\_\_\_\_\_

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(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.)

**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.)

MARGO ROSE

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)

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