L09000079413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

J. BRYAN

AUG 18 2009

EXAMINER

Gail Laura
74 ROSE HILL ROAD
BARNEGAT, NJ 08005
Ph - (609) 698-7230
Fax – 609- 698-2218
Email: gaillaura@hotmail.com

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TALLAHASSEE, FLORIDA

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Registering new Business LLC

To Whom It May Concern:

Enclosed please find a package forming a new company for Dr. Leeland Stevens. He has forwarded these documents to me since he had to travel to check and make sure everything is in order.

Please file the paperwork as he has formed this new company and would like the package sent to him at:

Dr. Leeland M. Stevens
118 Bay Court
Destin, Florida 32541
Ph- 850-368-0748

If there are any questions and you cannot contact him please do not hesitate contacting me at the above phone number.

Thanks for you assistance in this matter.

Very truly yours,
Gail Laura

Gail Laura
/gl
Encls.

$ Fee Enclosed For Filing, Certificates of Status + Certified Copy.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AMERICAN CARIBBEAN CHARTER, 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:

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TALLAHASSEE, FLORIDA

Dr. LEELAND M. STEVENS
Name of Person

AMERICAN CARIBBEAN CHARTER, LLC
Firm/Company

118 BAY COURT
Address

DESTIN, FLORIDA 32541
City/State and Zip Code

leisurelee@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Lee STEVENS at (850) 368-0748
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

American Caribbean Charter, 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:

118 Bay Court
Destin, Florida
32541

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:

Charles Roberts
Name

118 Bay Court
Florida street address (P.O. Box **NOT** acceptable)

Destin FL 32541
City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

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	Dr. Leeland M. Stevens 118 Bay Court Destin, Fl. 32541
MGRM	Nestor G. Perez Valle Urb San Miguel, St. #611 Cabo Rojo, P.R. 00623

(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:

Dr. Leeland M. Stevens

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.)

Dr. Leeland M. Stevens

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)