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T. CLINE
JUL 20 2010
EXAMINER

COVER LETTER

TO: Kagistration Section Division of Corporations

SUBJECT: Charlo	tte's Towing & Crabs, L Name of Limit	LC ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	С	harlotte Huntley	
		Name of Person	
	Charlo	otte's Towing & Crabs	
		Firm/Company	
		P.O. Box 912	70 B
		Address	E CRE
	Co	ortez, FL 34215	
	Cit	y/State and Zip Code	A 05.
		Towing@gmail.com	ور م
	E-mail address: (to be used to	or future annual report notification)	ORIO
For further information	concerning this matter, please	e call:	
Charlot	te Huntley	at (941) 812-8805	
Name	of Person	Area Code & Daytime Telepho	ne Number
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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	le

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Charlotte's Towing & Crabs, 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:	Mailing Address:
Charlotte's Towing & Crabs, LLC	Charlotte's Towing & Crabs, LLC
9559 25th St. West	P.O. Box 912
Parrish, FL 34219	Cortez, FL 34215
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Charlotte Huntley	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are:
	Name
9559 25th St. Wes	t
Florida s	street address (P.O. Box <u>NOT</u> acceptable)
Parrish	FL 34219
	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 (REQURED)

(CONTINUED)
Page 1 of 2

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

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

"MGR" = Manager "MGRM" = Managing Member	
MGR	Charlotte Huntley
MGRM	Jonathan Cannon
MGRM	Stephanie Reeder
	NO E
(Use attachment if necessary)	E. FLORID
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five business of
REQUIRED SIGNATURE:	
Male	ber or an authorized representative of a member.

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)

Charlotte Huntley Typed or printed name of signee