

Division of Corporations

L10000071311

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : AMERICAN ACCOUNTING SERVICE, INC.
 Account Number : 104737003316
 Phone : (941) 747-9292
 Fax Number : (941) 748-7626

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10 JUL 22 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Ami@Ameracct.com

FLORIDA LIMITED LIABILITY CO.
Old Florida Charters, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

850-617-6381

7/22/2010 8:47:20 AM PAGE 1/001 Fax Server



July 22, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

AMERICAN ACCOUNTING SERVICE, INC.

SUBJECT: OLD FLORIDA CHARTERS, LLC
REF: W10000034272

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H10000166570
Letter Number: 610A00017722

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Old Florida Charters, 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:

217 Periwinkle Plaza PO Box 1886
Anna Maria FL Holmes Beach FL 34218
34216

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:

Joseph Webb
Name

357 6th Ave West
Florida street address (P.O. Box NOT acceptable)

Bradenton FL 34205
City, State, and Zip

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ALLAHASSEE, 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.

Joseph Webb
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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


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

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGR</u>	Joseph Webb
	PO Box 1366
	Holmes Beach Fl. 34211

(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.)
 Joseph Webb

 Typed or printed name of signer

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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)

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