(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Star	tus

Special Instructions to Filing Officer:

L. SELLERS

SEP - 2 2010

EXAMINER

Office Use Only



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SECRETARY OF STATE

COVER LETTER

Division of Co	orporations				
SUBJECT: Salty Su	ırf, LLC				
	Name of Limit	ed Liability Comp	any		
The enclosed Articles o	f Organization and fee(s) are	submitted for filin	g.		
Please return all corresp	ondence concerning this matt	ter to the following	g:		
Charles D. Al	lan				
		Name of Person			
 		Ti. 10			
·		Firm/Company			
509 Bunkers	Cove Road	Address			
		Addiess			
Panama City,					
-4401		y/State and Zip Cod	e		
cdarad@aol.c	E-mail address: (to be used t	for future annual rep	ort notificatio	n)	_
For further information	concerning this matter, please	e call:			
Charles D. Allan		at (850	,747-490	01	
Name	of Person		e & Daytime	Telephone Number	
Enclosed is a check for	or the following amount:				
□\$125.00 Filing Fee	2\$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Co (additional cop	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	J
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I 2661 Ex	Courier Addra tion Section of Corporat Building ecutive Cent see, FL 3230	ter Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Salty Surf, LLC		
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pri	ncipal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
09 Bunkers Cove Road	509 Bunkers Cove Road	
Panama City, Florida 32401	Panama City, Florida 32401	
		
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Street Agent. You must designate an individu	Signature: ual or another
The name and the Florida street address of the re	gistered agent are:	
Charles D. Allan		
Name		
509 Bunkers Cove Road	····	
Florida street addr	ress (P.O. Box NOT acceptable)	
Panama City	FL 32401	
City, Stat	e, and Zip	
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position as regist	is certificate, I hereby accept the I further agree to comply with the formance of my duties, and I am j	appointment as he provisions of all familiar with and
Charles Q.	Allan	
Registered Agent's Signatu	re (REQUIRED)	10 SEI
(CONTIN	•	
Page 1	of 2	(2) A

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGMR	Charles D. Allan
	509 Bunkers Cove Road
	Panama City, Florida 32401
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than	n the date of filing: August 30, 2010 . (OPTIONAL)
	ust be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
Ch	ella D. allan
Signature of a m	ember or an authorized representative of a member.
(In accordance w	ith section 608.408(3), Florida Statutes, the execution

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Charles D. Allan

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee