

(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:

Office Use Only

G. MCLEOD

SEP 15 2010

EXAMINER



700185223117

09/14/10--01018--021 \*\*180.00

10 SEP IL PM I: 34
SECRETARY OF STATE
ALL AHASSEF, FI ORIDA

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJE	CCT:	B&D Charter Name of Limite	s, LLC	
		Name of Limite	d Liability Company	
The en	closed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please	return all corresp	oondence concerning this matte	er to the following:	
		DAIL	A. TAYLOR Name of Person	
	<del></del>		Firm/Company	
		320 A	HIGH TIDE DR.	SUITE ZOI
			Address	,
	<u> </u>	ST. AUG	GUSTINE FL 3  V/State and Zip Code  Or @ f Wn cpas  or future annual report notification)	72080
		City	//State and Zip Code	
	<u> </u>	E-mail address: (to be used for	or future annual report notification)	, Com
For fur	ther information	concerning this matter, please		
	DAIL Name	A. TAYLOR of Person	at ( 904) 484 - Area Code & Daytime Telep	SOO8
Enclos	sed 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 C Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
B&D Charters, (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 Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
320 HIGH TIDE DR. SUITE 201 ST. AUGUSTINE, FL 320%	SAME	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or anot	re: her
The name and the Florida street address of the re	egistered agent are:	
DAIL A Name	1. TAYLOR ALLAHI	10 SEF
320 HIGH TIDE Florida street add	ress (P.O. Box NOT acceptable)	= = = = = = = = = = = = = = = = = = =
ST. AUGUSTINE, City, Sta	TAYLOR  EDRIVE SUITE 201  SECRETARY  FL 32080  And Zip  Accept service of process for the above states in certificate, I hereby accept the appointment of the content of the content of the content of the certificate, I hereby accept the appointment of the certificate, I hereby accept the appointment of the certificate of the certificate, I hereby accept the appointment of the certificate of	: D
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	y. I further agree to comply with the prov rformance of my duties, and I am familian	risions of all r with and

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> </u>	Name and Address:
"MGRM" = Managing Member	_
	SOLE
MGRM	DAIL A. TAYLOR (MEMBER)
	326 HIGH TIDE DR., SUITE
	DAIL A. TAYLOR (SOLE MEMBER)  320 HIGH TIDE DR., SUITE  201  ST. AUGUSTINE, FL 32080
. <u>.                                   </u>	
	···
Use attachment if necessary)	(FILING DATE)
Use attachment if necessary)  LE V: Effective date, if other than the	(FILING DATE) e date of filing: (OPTION
LE V: Effective date, if other than th	·
LE V: Effective date, if other than the detive date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	e date of filing: (OPTION be specific and cannot be more than five business da
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	e date of filing: (OPTION
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a mem	e date of filing: (OPTION be specific and cannot be more than five business date of a specific and cannot be more than five business date of a specific and cannot be more than five business date of a specific and cannot be more than five business date of a specific and cannot be more than five business date.  Description:
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REOUIRED SIGNATURE:  Signature of a member of this document content that the facts stated here.	Description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business description of the specific and cannot be more than five business
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated here.	e date of filing: (OPTION be specific and cannot be more than five business date of a specific and cannot be more than five business date of a specific and cannot be more than five business date of a specific and cannot be more than five business date of a specific and cannot be more than five business date.  Description:

\$ 5.00 Certificate of Status (Optional)