

L11000029024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

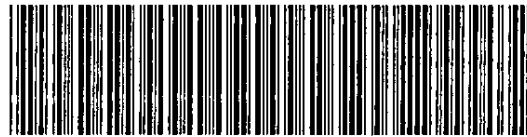
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
11 MAR -9 AM 10:19

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Leprechaun Charters, 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:

John S. Day  
(Name of Person)

(Firm/Company)

22987 Long Ben Lane  
(Address)

Cudjoe Key, FL 33042  
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul S. Mills, CPA at ( 305 ) 294-3699  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2011

JOHN S. DAY  
22987 LONG BEN LANE  
CUDJOE KEY, FL 33042

SUBJECT: LEPRECHAUN CHARTERS, LLC  
Ref. Number: W11000012302

We have received your document for LEPRECHAUN CHARTERS, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

Please return the document with payment of this letter within 60 days or  
the document will be considered abandoned and the filing fee will be refunded.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 311A00005297

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DIVISION OF CORPORATIONS  
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Leprechaun Charters, 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:**

22987 Long Ben Lane

22987 Long Ben Lane

Cudjoe Key, FL 33042

Cudjoe Key, FL 33042

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Paul S. Mills, CPA

Name

1541 Fifth Street

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

Key West, FLORIDA 33040

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, Florida Statutes..*

Paul A Mills CPA

Registered Agent's Signature

**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

Joe Walter

114 Star Lane

Key West, FL 33040

MGR

Andre J. Fortin

P.O. Box 2136

Key West, FL 33045

MGR

John S. Day

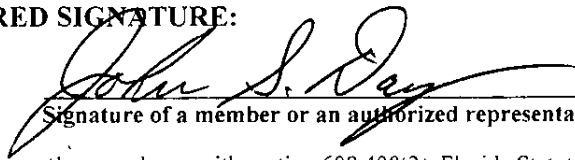
22987 Long Ben Lane

Cudjoe Key, FL 33042

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**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.)

John S. Day

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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