

L11000030161

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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FILED  
2011 MAR 10 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
MAR 11 2011  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2011

GERMAN FUCARACCIO  
TAVERNIER DOLPHIN CRUISES  
90800 OVERSEAS HIGHWAY  
TAVERNIER, FL 33070

SUBJECT: TAVERNIER DOLPHIN CRUISES LLC  
Ref. Number: W11000013119

We have received your document for TAVERNIER DOLPHIN CRUISES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 511A00005601



March 1, 2011

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern;

This is our request to incorporate Tavernier Dolphin Cruises as an LLC in the State of Florida. Attached are our Articles of Organization for Florida Limited Liability Company.

Thanks,

  
Derman Fucaraccio  
Managing Member

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tavernier Dolphin Cruises  
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:

German Fucaraccio

Name of Person

Tavernier Dolphin Cruises

Firm/Company

90800 Overseas Hwy

Address

Tavernier, Florida 33070

City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

German Fucaraccio

Name of Person

at ( 305 ) 852-5854

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & 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  
Tallahassee, FL 32301

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Tavernier Dolphin Cruises 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:

90800 Overseas Hwy  
Tavernier Florida 33070

### Mailing Address:

Same

## 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:

GERMAN FUCARACCIO

Name

90800 OVERSEAS HWY

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

TAVERNIER FL 33070

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 (REQUIRED)

(CONTINUED)

FILED

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

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

2011 MAR 10 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

German Fucaraccio

88500 Overseas Hwy

Tavernier, FL 33070

MGRM

Norberto A. Priu

207 River Bend Ct

Longwood, FL 32779

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

German Fucaraccio

\_\_\_\_\_  
Typed or printed name of signee

**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)