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EXAMINER

Office Use Only



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SECHE LARY OF STATE

2011 MAY 26 PH 1:3

COVER LETTER

SUBJECT: 1 CHSC	acola Beach Sailin	g Tours d Liability Company	
	Name of Emilion	. Diability Company	
The enclosed Articles o	f Organization and fee(s) are su	ubmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
Bruce Ya	ıtes		
		Name of Person	
Pensaco	la Beach Sailing T	ours. LLC.	
:		Firm/Company	
PO Box 1	437		
		Address	7 22
Gulf Brooz	e, FL. 32562		2011 HAY 26
Guil Breez	·	/State and Zip Code	
catsailor1@	bellsouth.net		
		r future annual report notification)	3
For further information	concerning this matter, please of	call:	# -
Bruce Yates		at (850) 291-7465	600
Name	of Person	Area Code & Daytime Telephone Number	
F 1 1: 1 1 6	4. 6.11	,	
	or the following amount:	¬	
F125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Fil Certified Copy Certificate (additional copy is enclosed) Certified C (additional co	of Status &
	Mailing Address	Street/Courier Address	,
	Maning Address	Registration Section	•
	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
go Se proce	Registration Section Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building 2661 Executive Center Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pensacola Beach Sailing Tours, Limited Liability Company

(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:	
Pensacola Beach Sailing Tours, LLC.	Pensacola Beach Sailing Tour	s, LLC.
4400 Bayou Blvd., #21	PO Box 1437	
Pensacola, FL. 32503	Gulf Breeze, FL. 32562	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registers entity with an active Florida registration.) The name and the Florida street address of the	gistered Agent. You must designate an individu	ual or another
Bruce Yates		HAY 26
Nan	ne	(T) _{and}
4400 Bayou Blv	d, #21	
Florida street	address (P.O. Box NOT acceptable)	79 32 · · · · · · · · · · · · · · · · · ·
Pensacola	_{FL} 32503	୍ଦିଲ ଥ
City,	State, and Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete accept the obligations of my position as re	n this certificate, I hereby accept the city. I further agree to comply with t performance of my duties, and I am	appointment as he provisions of all familiar with and
Registered Agent's Sign	pature (REOUIRED)	

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	2011 MAY 26
"MGR" = Manager		- N
"MGRM" = Managing Member		
MGRM	Bruce Yates	10 P
	PO Box 1437	
	Gulf Breeze, FL. 32562	70 C
 		
		·
	ne date of filing:	
CLE V: Effective date, if other than the offective date is listed, the date must 0 days after the date of filing.)	ne date of filing: be specific and cannot be more than	
CLE V: Effective date, if other than the ffective date is listed, the date must		
CLE V: Effective date, if other than the other than the offective date is listed, the date must days after the date of filing.)		
CLE V: Effective date, if other than the offective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	Sure Jokas ber or an authorized representative of a me	five business days p
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a manual am aware that any false info	be specific and cannot be more than	five business days permoder. his document discrete are true.
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CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memical accordance with section 6 constitutes an affirmation und 1 am aware that any false inforconstitutes a third degree felomorphism.	be specific and cannot be more than the best of a more than the fact of the penalties of perjury that the facts stated or an above the penalties of pen	five business days permoder. his document discrete are true.

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