

L11 000088471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 2 2011

EXAMINER

**CAVITCH**

**FAMILO & DURKIN**  
Legal Professional Association

**Christina A. Minns**  
Legal Assistant  
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T 216.621.7860  
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July 27, 2011

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Top Times Yacht Charters, LLC

Dear Sir or Madam:

Enclosed for filing are the Articles of Organization for the above-referenced limited liability company. Also enclosed is a check in the amount of \$125 in payment of the applicable filing fees. Please file the enclosed documents and return your certificate of filing to the undersigned.

If you have any questions regarding this matter, please do not hesitate to contact me. Thank you for your cooperation.

Very truly yours,



Christina A Minns, Legal Assistant

/cam

Enclosures

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11 AUG -1 PM 12:50  
TALLAHASSEE, FLORIDA

KEITH A. BROWN, TRUSTEE  
KEITH A. BROWN REVOCABLE TRUST  
2419 Laguna Drive  
Fort Lauderdale, FL 33316

July 11, 2011

Florida Department of State  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

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11 AUG - 1 PM 12:50  
STATE  
TALLAHASSEE, FLORIDA

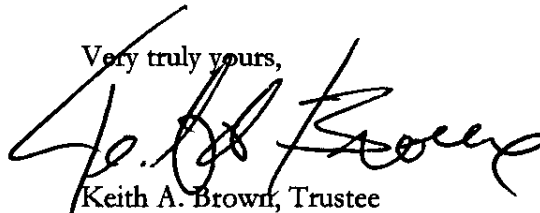
Re: Top Times Yacht Charters, Inc.

Dear Sir:

Please be advised that I am the Trustee of the Keith A. Brown Revocable Trust, the sole shareholder of Top Times Yacht Charters, Inc. I hereby give consent to Thomas M. Cawley to use the name Top Times Yacht Charters, LLC.

Thank you for your attention to this matter.

Very truly yours,



Keith A. Brown, Trustee  
Keith A. Brown Revocable Trust

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**TOP TIMES YACHT CHARTERS, 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:**

2419 Laguna Drive  
Fort Lauderdale, FL 33316

**Mailing Address:**

2419 Laguna Drive  
Fort Lauderdale, FL 33316

### 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:

Keith A. Brown

Name

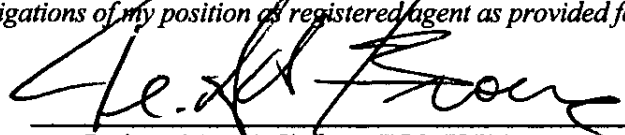
2419 Laguna Drive

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

Fort Lauderdale FL 33316

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)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGR

Keith A. Brown

2419 Laguna Drive

Fort Lauderdale, FL 33316

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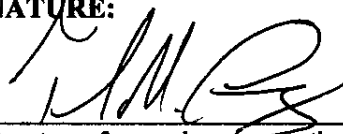
11 AUG - 1 PM 12:50  
FILED  
STATE  
FLORIDA

(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.)

**Thomas M. Cawley, Legal Representative**

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)**