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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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2011 DEC 12 PM 1: 28 SECRETARY OF STATE

T. CLINE
DEC 13 2011
EXAMMER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:		Charters LLC		
	Name of Limite	ed Liability Company		
The enclosed Article	es of Organization and fee(s) are	submitted for filing.		
Please return all corr	respondence concerning this matt	er to the following:		
****	Andr	ew F Ross		
		Name of Person		
****	Niuhi [Dive Charters LLC		
		Firm/Company		
	38 S. Blue	Angel Pkwy # 390		
		Address		
		acola, FL. 32506		ري
	·	//State and Zip Code	1777 777 1777 777 1777 777	3 [
		an58@gmail.com or future annual report notification)	<u>架所</u> 表現	
For further informat	ion concerning this matter, please	•	RY OF	12 PM 1:88
And	rew F Ross	at (850) 529-2475	STAT LOR	
Na	me of Person	Area Code & Daytime Tele	ephone Number	60 0
Enclosed is a check	k 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 enclo	&
·	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	::	
Niuhi Dive Ch	narters I I C	
(Must end with the words "Limited Liab		
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
10172 Bittern Dr. Pensacola, FL. 32507	38 S. Blue Angel Pkwy. # 390 Pensacola, FL. 32506	
	Ross	FILED I DEC 12 PM 1: 40 CRETARY OF STATE L'AHASSEE, FLORIDA
	tate, 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 capaci statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I hereby accept the city. I further agree to comply with the erformance of my duties, and I am firster agent as provided for in Cha	appointment as he provisions of all familiar with and

Page 1 of 2

(CONTINUED)

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

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

Mgr	Andrew F Ross	1.
	10172 Bittern Dr.	
	Pensacola, FL. 32507	
		<u>≥</u> % ≥
		<u>%</u> ~ ~
(Use attachment if necessary)		OF S
LE V: Effective date, if other than	the date of filing: 1/3/2012	Žeroši
fective date is listed, the date mus days after the date of filing.)	t be specific and cannot be more tha	ın five business da

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.)

Andrew F Ross 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)