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B. BOSTICK
FEB 2 0 2012
EXAMINER

## **COVER LETTER**

Division of Corporations
SUBJECT: South of Reality 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:
Robert W. Olson
Name of Person
98900 Overseas Hwy OR (P.O. Box 370694)
Address
Key Largo, FL 33037  City/State and Zip Code  South of reality Charters gmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert 6/50n at 305 587-3770 ET TO THE Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee & \$130.00 Filing Fee & \$155.00 Filing Fee & \$1560.00 Filing Fee.
\$125.00 Filing Fee \$\ \text{S160.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:

South of Reality Cha (Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
98900 Overseas Hwy Key Largo, FL 33037	P.O. Box 370694 Key Largo, FL 33037
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the Florida street address of the r	registered agent are:
Robert W. Name	Olson
98900 overse	
Key Largo	fress (P.O. Box NOT acceptable)  FL 33037  ate; 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)

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

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

<mark>`itle:</mark> MGR" = Manager MGRM" = Managing !	Name and Address:
MGRW - Wallaging I	Robert W. 01500 PD
<u>ngrm</u>	Key Largo, FL 33037  Christopher Statt Clements 98900 Overseas Hwy Key Largo, FL 33037
	7 TE
Use attachment if nece  E V: Effective date, if active date, if	

**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.)

Robert Olson
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)