# L12000027038

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Harrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

B. KOHR
FEB 2 7 2012
EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION





February 22, 2012

SCOTT ROBSON 157 PRITCHARD ROAD DESTIN, FL 32550

SUBJECT: TOP GUN CHARTERS LLC

Ref. Number: W12000010261

We have received your document for TOP GUN CHARTERS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The existing entity with a similar name is TOP GUN CHARTERS, INC. -- Document Number P04000071555.

Please return 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) 245-6051.

Buck Kohr Regulatory Specialist II

Letter Number: 112A00007627

# COVER LETTER

TO: Registration Section  — Division of Corporations	Pa.
SUBJECT: Top Gun Charters LLC	I Liability Company
Name of Limited	Liability Company
	بي (
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matter	r to the following:
Scott Robson	
	lame of Person
1	Nirm/Company
157 Pritchard Rd	
	Address
Destin, Fl. 32550	
	State and Zip Code
sportfish1@cox.net	sale and hip code
	future annual report notification)
For firsther information accoming this matter along	
For further information concerning this matter, please c	an:
Scott Robson	850 837-9734
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 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

# ARTICLE I - Name: The name of the Limited Liability Company is: Destin 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:

Mailing Address

Timelpar Office Paddress.	Manue Addivss.
157 Pritchard Rd	157 Pritchard Rd
Destin FI.	Destin Fl.
32550	32550

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:

Principal Office Address:

Destin Fishing Fleet, Fac.

Name

210 Harbor Blvd.

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

Destin

FL 32541

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)

Page 1 of 2

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

45 46

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

Scott Robson
157 Pritchard Rd
Destin, Fl. 32550
<del></del>
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he date of filing: (OPTION
be specific and cannot be more than five business d
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(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.)

## Scott Robson

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)