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(R	equestor's Name)	
(A	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only

G. MCLEOD

APR 26 2012

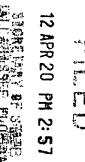
EXAMINER



400230071524

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Key West Sea Life	Charters, LLC
SCHOLE I.	of Limited Liability Company
The enclosed Articles of Organization and fed	e(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Lisa Borges	
	Name of Person
Key West Sea Life, LI	_C
	Firm/Company
512 Jarmany Hill Rd.	•
	Address
Sharon, NH 03458	
	City/State and Zip Code
chrisborges28@yahoo.con	n be used for future annual report notification)
·	·
For further information concerning this matte	r, please call:
Chris or Lisa Borges	at (603) 924-4486
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount:
\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee Certificate of State	
Mailing Address Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	rations Division of Corporations Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	any is:	
Key West Sea Life Charte		
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	f the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
6000 Peninsular Avenue	P.O. Box 4674	
Key West, FL 33040	Key West, FL 33046	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its ov business entity with an active Florida registration.)	istered Office, & Registered Agen vn Registered Agent. You must designate an inc	t's Signature: lividual or another
The name and the Florida street address of the registered agent are:		7 8 7
Roland Strozier		APR 20
 	Name	20
3330 Northsid	de Dr., Apt 216	

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..

City, State, and Zip

Florida street address (P.O. Box <u>NOT</u> acceptable)

FL 33040

Registered Agent's Signature (REQUIRED)

Key West

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Lisa K. Borges 512 Jarmany Hill Rd. Sharon, NH 03458
MGRM	Christopher J. Borges 512 Jarmany Hill Rd. Sharon, NH 03458
(Use attachment if necessary) ARTICLE V: Effective date if other th	nan the date of filing: April 16, 2012. (OPTIONAL)
(If an effective date is listed, the date in to or 90 days after the date of filing.)	nust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Member or an authorized representative of a member.
constitutes an affirmation	tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State

Lisa K. Borges

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)