L12000123210

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Sta	atus	
Special Instructions to Filing Officer:		
	!	
W1200004879		

200239352552

09/10/12--01013--002 **125.00

SECRETARY OF STATE

APPROVED AND FILED

Office Use Only

EFFECTIVE DATE 0/10/12

D. BRUCE

SEP 2 6 2012

EXAMINER

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 11, 2012

CHRISTOPHER DOUCETTE 3 S. BLVD OF PRESIDENTS SARASOTA, FL 34236

SUBJECT: NAUTICAL NORTH CHARTS & MAPS FL, LLC

Ref. Number: W12000046879

We have received your document for NAUTICAL NORTH CHARTS & MAPS FL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 10, 2012. Please amend your document accordingly.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 212A00022872

12 SEP LO PM 3: 13
SECRETARY OF STATE
TALL CHARGE F F TO THE

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 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:	
CHRISTOPHER DODLETTE Name of Person	
Firm/Company	
3 S. BLVD OF PRESIDENTS	
City/State and Zip Code Chris @ Wal Chrot Com	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Charles Doucette at Area Code & Daytime Telephone Number	Ľ
Enclosed is a check for the following amount:	≱AZ ZZ
\$125.00 Filing Fee \$\ S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	JAC.
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 I - Name: The name of the Limited Liability Company is:		
MAUTICAL MORTH CHARGE (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")	<u>1C</u>
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liabi	ility Company is:
Principal Office Address:	Mailing Address:	
35 Blue & PRESIDENTS SARASTA, FL 3436	Same	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)		
The name and the Florida street address of the reg	gistered agent are:	
CHRISTOPHER Name	. DOUCETTE	
3 S. Bulo S. F Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)	
Salasota City, State	FL 3431 e, and Zip	
Having been named as registered agent and to ac liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perfo accept the obligations of my position as register	is certificate, I hereby accept the a I further agree to comply with th formance of my duties, and I am fo	appointment as se provisions of all amiliar with and
Registered Agent's Signature	e (REQUIRED)	APPH A FIL 12 SEP LO SECRETARY TALLAHASSI
(CONTINUE	ED)	YROVED AND ILED O PM 3: 1 YY OF SIAI SEE, FLORI
Page 1 of 2		

FIECTIVE DATE 09/10/12

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 Member	Name and Address:
MGR	CHRISTAPHER DODUETTE 35 BLVDA PRESIDENTS SARASOTA PP 3432
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: 9/10/2012 (OPTIONAL) especific and cannot be more than five business days prior

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.)

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)