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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<i>=</i> #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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FALLAHASSEE, FLORID

B. BOSTICK

MAR - 5 2013

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

Trophy Fish 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:

John Isham Name of Person Trophy Fish Charters, LLC Firm/Company 11931 Wickchester Lane, Suite 360 Address Houston, Texas 77043 City/State and Zip Code johnisham@radiadyne.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John Isham 713 385-2720

Enclosed is a check for the following amount:

Name of Person

□\$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 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	y is:	
		•
Trophy Fish Ch	arters, LLC	•
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		hilita Campany in
The mailing address and street address of the	ie principal office of the Limited Lia	niny Company is:
Principal Office Address:	Mailing Address:	
11931 Wickchester Lane	11931 Wickchester Lane	
Suite 360	Suite 360	
Houston, Texas 77043	Houston, Texas 77043	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.) The name and the Florida street address of its contraction of the contr	Registered Agent. You must designate an individ	iual or another
	•	13 MAR -4 SECIRLIANASS
Greg Graham		五 五 二
N	lame	and the second
29850 SW 209 Avenue		FO 79 11
Florida stree	et address (P.O. Box NOT acceptable)	PH 12:
Homestead	_{FI.} 33030) 2: STATE LORIDA
Cit	y, State, and Zip	DA -

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

<u> Fitle:</u>	Name and Address:
MGR" = Manager	
'MGRM" = Managing Member	
"MGRM"	John Isham
	11931 Wickchester Lane, Suite 360
	Houston, Texas 77043
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	n the date of filing: March 1, 2013 (OPTIO)
	must be specific and cannot be more than five busi
LE V: Effective date, if other that fective date is listed, the date or 90 days after the date of filing REQUIRED SIGNATURE:	must be specific and cannot be more than five busing.)
LE V: Effective date, if other that fective date is listed, the date or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a m	must be specific and cannot be more than five busing.) ember or an authorized representative of a member.
LE V: Effective date, if other that fective date is listed, the date or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false in the section of the	must be specific and cannot be more than five busing.)
The V: Effective date, if other that fective date is listed, the date of or 90 days after the date of filing response to the section of a management of a mana	ember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)