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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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EFFECTIVE DATE 03 2013

TALLAHASSEE FLORID

B. BOSTICK
MAR 2 7 2013
EXAMINER

(850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: ONE WAY FISHING TRIP LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all corresp	ondence concerning this matt	er to the following	; :		
Daniel l	R. Hower				
		Name of Person			
One Wa	ay Fishing Tri	p LLC			
		Firm/Company			
136 Jas	son Dr.			· · ·	
		Address		37	
Valrico	, FLORIDA 3	3594		3 MAR 26	D.Y.
		y/State and Zip Cod	le ,	in ·	1
dannyz@i				四二里	F
	E-mail address: (to be used	for future annual rep	ort notification)	8: 40 STATE LORID	_
For further information	concerning this matter, please	e call:			
Daniel R. H	Hower	813	,661-458	10	
Name	of Person	Area Cod	e & Daytime Telephor	e Number	
Enclosed is a check for	or the following amount:		•		
□\$125,00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Co (additional co)	py C py is enclosed) C	160.00 Filing Fee, ertificate of Status & ertified 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 Compa	ny is:
ONE WAY FISHING TRIP LLC	
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
ine mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
136 Jason Dr.	136 Jason Dr.
Valrico, FL 33594	Valrico, FL 33594
	
The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Daniel R. Hower	Registered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another The registered agent are:
	Name 25 20
136 Jason Dr.	
Florida str	eet address (P.O. Box NOT acceptable)
Valrico, FLORI	DA, 33594
C	ity, State, and Zip
liability company at the place designate registered agent and agree to act in this call statutes relating to the proper and coand accept the obligations of my position	nd to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of mplete performance of my duties, and I am familiar with as registered agent as provided for in Chapter 608, F.S Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

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

. . 1 .

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Daniel R. Hower
- Mort	136 Jason Dr.
	Valrico, FL 33594
•	
	13
	D7 =
(Use attachment if necessary)	D. L. Company
NEW YORK TOO Alexandra Constitution of the second s	- d-4£.61: 02/20/2013 (OPTIONA
CLE V: Effective date, if other than the effective date is listed, the date must	e date of filing: 03/20/2013 (OPTIONA) t be specific and cannot be more than five busines
o or 90 days after the date of filing.)	• • • • • • • • • • • • • • • • • • •
REQUIRED SIGNATURE:	
//	
Manie	Howel /
Signature of a membe	er or an authorized representative of a member.
	8.408(3), Florida Statutes, the execution of this document
	r the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State
	y 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)