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AUG 2 0 2013 J. BRYAN

COVER LETTER

TO:	Registration S Division of Ce			
SUBJI	ccr.	Green Eyed G	cd Liability Company	TAST TAST
		Name of Limit	cd Liability Company	A LEGIS
The en	closed Articles o	f Organization and fec(s) are	submitted for filing.	2013 AUG 19 PH 1: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Please	return all corresp	ondence concerning this matt	er to the following:	
		RONALD VAR) N A	0810 0810
				·
		Green Eyel 6	firl Charters	
			Firm/Company	
		18822 NW 23	PL	
	•		Address	
	P	embroke Pines	FL 33029	
		E-mail address: (to be used to	Comcast. net	
For fur	ther information	concerning this matter, please	call:	
R	onald Va	iroux	at (305) 803 -	- 3219
	Name	of Person	Area Code & Daytime Te	lephone Number
Enclos	sed is a check for	or the following amount:		
V \$125.	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	TALL MARKET
Green Eyed Girl	Charters L.L.C. ty Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12822 NW 23 PL Pembroke Pines, FC 33029	Pembroke Pints, FL 33029
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	egistered agent are:
Romaco Varo	~ ₩
Name	
18822 NN 23 PL	
	ress (P.O. Box NOT acceptable)
Pembroke Pines City, Sta	FL 3302 9 tc, and Zip
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and eomplete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

Tido.	Name and Address:
<u>Title:</u> "MGR" = Manager	Traine and reducess.
"MGRM" = Managing Member	
	0
MGR	RONALD VARIONA 18822 NW 23 PL Pembroke Pines, FL 83029
	18822 NW 78 PL
	PEMBLORE PINES, PC \$3207
(Heapttachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Effective date, if other than the	date of filing: . (OPTIONA
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LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section 608)	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
TEV: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document
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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)