Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : MARY G STEWART CPA PA

Account Number : 120080000065 Phone : (941)258-3191

Fax Number : (941)258-3192

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. PUNTA GORDA BOAT RENTALS LLC

Certificate of Status Certified Copy Page Count 02 Estimated Charge \$125.00

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11/6/2013

(((H 1300 024 650 3 3) FATE FALL AND SEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

PUNTA GORDA BOAT RENTALS LLC

ARTICLE 1 - NAME

The name of the Limited Liability Company is PUNTA GORDA BOAT RENTALS LLC, (hereinafter referred to as "Limited Liability Company").

ARTICLE 2 - ADDRESS

The mailing address and street address of the principal office of this Limited Liability Company shall be:

150 LAISHLEY CT #1112, PUNTA GORDA, FL 33950

ARTICLE 3 - REGISTERED OFFICE AND REGISTERED AGENT

The name and address of the registered agent of this Limited Liability Company is:

RONALD F. LISCUM 150 LAISHLEY CT #1112 PUNTA GORDA, FL 33950

ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF ORGANIZATION

Having been named as registered agent 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.

By: RONALD F. LISCUM, Registered Agent

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State of Florida County of Charlotte	
The foregoing instrument was acknowledged before RONALD F. LISCUM.	ore me this 6th day of Movember 2013 by
Personally KnownOR Produced Identification Type of Identification Produced	
Mary Stwart Notary Signature	MARY G. STEWART Commission # EE 205137 Expires September 6, 2016 bonded The Troy Fain Insurance \$00-386-7019

ARTICLE 4 – TITLE, NAME, AND ADDRESS OF ALL MANAGING MEMBERS

RONALD F. LISCUM, MGRM 150 LAISHLEY CT #1112 PUNTA GORDA, FL 33950

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes and affirmation under the penalties of perjury that the facts stated herein are true.

By

RONALD F. LISCUM, Organizing Member

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