

L 14000120486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

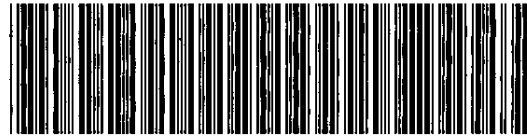
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500262282185

EFFECTIVE DATE

7/16/14

07/16/14--01015--019 **130.00

FILED

14 JUL 16 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ELK

7/31/14

L 14000120486

CHAD MORRIS
P.O. BOX 60536
FORT MYERS, FL 33906
Phone 239-229-1200

July 28, 2014

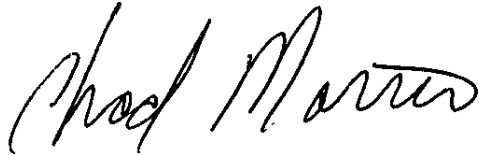
Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: INSHORE FISHING CHARTERS, LLC
Reference: W14000044064

To Whom It May Concern:

Attached please find the corrected address for the Principal Office Address for the subject LLC.
Please continue filing my application at this time.

Sincerely,

A handwritten signature in black ink, appearing to read "Chad Morris", written in a cursive style.

Chad Morris

/Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INSHORE FISHING 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:

CHAD MORRIS
Name of Person

INSHORE FISHING CHARTERS, LLC
Firm/Company

P.O. BOX 60536
Address

FORT MYERS, FL 33906
City/State and Zip Code

INSHOREFISH1111@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHAD MORRIS at (239) 229-1200
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2014

CHAD MORRIS
P.O. BOX 60536
FORT MYERS, FL 33906

SUBJECT: INSHORE FISHING CHARTERS, LLC
Ref. Number: W14000044064

We have received your document for INSHORE FISHING CHARTERS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Elliott R McCaskill
Registration Specialist II

Letter Number: 414A00015430

FILED
14 JUL 16 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 7/11/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INSHORE FISHING CHARTERS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

122 VILLA DRIVE

OSPREY, FL 34229

Mailing Address:

P.O. BOX 60536

FORT MYERS, FL 33906

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CHAD MORRIS

Name

122 VILLA DRIVE

Florida street address (P.O. Box **NOT** acceptable)

OSPREY

City

FL 34229

Zip

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
14 JUL 16 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MANAGER

Name and Address:

CHAD MORRIS

P.O. BOX 60536

FORT MYERS, FL 33906

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JULY 11, 2014 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

CHAD MORRIS

Typed or printed name of signer

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)

FILED
14 JUL 16 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA