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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	? #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
•	_	
Special Instructions to	Filing Officer:	·

Office Use Only



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08/04/14--01005--011 **125.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ponce Inlet Fishing Charters LLC	
	mited Liability Company
The enclosed Articles of Organization and fee(s) a	are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Adam David Limbach	
	Name of Person
Ponce Inlet Fishing Charters LLC	
	Firm/Company
69 Cunningham Dr.	
	Address
New Smyrna Beach, FL. 32168	
	City/State and Zip Code
capt.alimbach@yahoo.com	ed for future annual report notification)
For further information concerning this matter, ple	
ror turner information concerning this matter, pre	ase can.
	443) 8070958
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{Certificate of Status}\$	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building
Tallahassee FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

, ARTICLES'OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Ponce Inlet 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 o	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
69 Cunningham Dr.	69 Cunningham Dr.
New Smyrna Beach, FL. 32168	New Smyrna Beach, FL. 32168
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio The name and the Florida street address of the registered Adam David Limbach Name 69 Cunningham Dr. Florida street address (P.O. Box	Registered Agent. You must designate an individual or on.) I agent are:
New Smyrna Beach	FL 32168
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	prvice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance digations of my position as registered agent as provided for in ster 605, F.S

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Adam Barid Darbari
MGR	Adam David Limbach 69 Cunningham Dr.
	New Smyrna Beach, FL. 32168
(Use attachment if necessary)	
fective date is listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days
LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days
LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days
LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true.