

L14000139998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

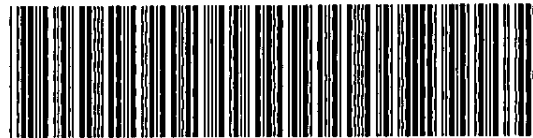
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200263949552

09/09/14--01001--009 **125.00

RECEIVED
14 SEP -8 PM 2:37
DIVISION OF CORPORATIONS

2014 SEP -8 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

N. Gulligan SEP - 8 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APEX Charter's FL, 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:

Adrien Ross DEVARIEUX
Name of Person

1312 RAA AV
Firm/Company
Address

TALLAHASSEE FL, 32303
City/State and Zip Code

A-DEEZY @ Hotmail. Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connie Kwiatkowski 850 567-6054
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

APEX Charters FL 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:

Mailing Address:

1312 RIVA AV
TALLAHASSEE FL 32303

"Same"
" "
" "

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:

ADRIEN ROSS DEVARIEUX
Name
1312 RIVA AV
Florida street address (P.O. Box NOT acceptable)
TALLAHASSEE FL 32303
City Zip

FILED
2014 SEP -8 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Adrien R. Devarieux
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

MGR

Name and Address:

Adrien Deviareux
1312 RAA AV
TALLAHASSEE FL, 32303

TRACY LAMONT Smith
5577 Horseshoe Rd
Donalsonville GA, 39845

Constance Kwiatkowski
1312 RAA AV
TALLAHASSEE FL, 32303

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/8/14 (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:

Adrien R. Deviareux

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.)

Adrien R. DEVIAREUX

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)

FILED
2014 SEP -8 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA