

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA LIMITED LIABILITY CO.

West Coast Fishing Adventures, LLC

Certificate of Status	0
Certified Copy	. 1
Page Count	01
Estimated Charge	S155.00

OCT 2 7 2014

S. YOUNG

ARTICLES OF ORIGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

West Coast Fishing Adventures, LLC

ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

The principal place of business/mailing address is:

1418 Garden Avenue Tarpon Springs FL 34689

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

The name and Florida Street address of the initial registered agent is:

e/Registered Agent

Christopher S. Grown 1418 Garden Avenus Tarpon Springs FL 34689

Having been named as registered agent and to accept service of process for the above stated district imbility company at the place designated in this certificate. I bereby accept the appointment as registered agent and agree to set in this capacity. I farther agent and agree to ent in this capacity. I farther agent to comply with the provisions of all extense 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 665, F.S.

ARTICLE IV Manageria

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

Christopher S. Brown 1418 Garden Avenue Tarpon Springs FL 34689

ARTICLE V REFECTIVE DATE

The offective date of this filing:

immediately upon filing.

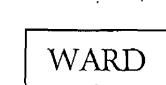
Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.)

Signature/Incorporator/MOR.

10/23/14

histoguer >. Drow

Printed name of Signee



4420 BEACON CIRCLE WEST PALM BEACH, FL 33407

Tel: (561) 842-3000

Direct Dial: (561) 594-1452

Fax: (561) 842-3626

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Re:	H14000249663 3					
********	Answers Ahead, LLC.	*****	****			
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