L15 000 544105

/Po	questor's Name)	
(Re	questor's (vame)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phon	e #)
_		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
	F11 Off	
Special Instructions to	Filing Officer:	
L		

Office Use Only



000269615160

02/20/15--01040--002 **130.00





February 26, 2015

REX WALLEY 613 LEGION DR DESTIN, FL 32541

SUBJECT: CAPTAIN REX'S SAILING ADVENTURES LLC

Ref. Number: W15000014084

We have received your document for CAPTAIN REX'S SAILING ADVENTURES 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 registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Letter Number: 015A00004032

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	: Captain Rex's Sailing Adventures Name of Lin	LLC nited Liability Company	
The enclose	ed Articles of Organization and fee(s) a	re submitted for filing.	
Please retu	rn all correspondence concerning this m	atter to the following:	
	Rex D Walley	Name of Person	
	Captain Rex's Sailing Adventures	Firm/Company	
	613 Legion Dr		
	Destin FL 32541	Address	
	C	City/State and Zip Code	
rexand	dkristy@gmail.com E-mail address: (to be use	d for future annual report notifica	ition)
For further	information concerning this matter, plea	ase call:	
Rex Walle	Name of Person	850) 499 6012 Area Code Daytime Tel	ephone Number
Enclosed is	a check for the following amount:		
☐ \$125.00 Fi.	ling Fee \$\Bigsiz \\$130.00 \text{ 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 Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Destin FL 32541 Destin FL 32541 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.)	ARTICLE I - Name: The name of the Limited Liability Company is:		
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 613 Legion Dr Destin FL 32541 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: Rex D Walley Name 613 Legion Dr Florida street address (P.O. Box NOT acceptable) Destin FL 32541 City 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. (CONTINUED)		iability Company, "L.L.C.," or "LL	.C.")
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: Rex D Walley Name 613 Legion Dr Florida street address (P.O. Box NOT acceptable) Destin FL 32541 City 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 603, F.S. (CONTINUED)		ce of the Limited Liability Compan	y is:
Destin FL 32541 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 registeration.) The name and the Florida street address of the registered agent are: Rex D Walley Name 613 Legion Dr Florida street address (P.O. Box NOT acceptable) Destin FL 32541 City 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 Reput Signature (REQUIRED) (CONTINUED)	Principal Office Address:	Mailing Address:	
(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: Rex D Walley Name 613 Legion Dr Florida street address (P.O. Box NOT acceptable) Destin FL 32541 City 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 Regul Signature (REQUIRED) (CONTINUED)			
Rex D Walley Name 613 Legion Dr Florida street address (P.O. Box NOT acceptable) Destin FL 32541 City 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 Revus Signature (REQUIRED) (CONTINUED)	(The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)	egistered Agent. You must designat	e an individual or
Name 613 Legion Dr Florida street address (P.O. Box NOT acceptable) Destin FL 32541 City 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 Recurse Signature (REQUIRED) (CONTINUED)	The name and the Florida street address of the registered a	gent are:	
Elorida street address (P.O. Box NOT acceptable) Destin FL 32541 City 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 Reput Signature (REQUIRED)	• • • • • • • • • • • • • • • • • • • •		
Florida street address (P.O. Box NOT acceptable) Destin FL 32541 City 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)	name		
Having been named as registered agent and to accept service of process for the above stated limited liability company a 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 Record Record (REQUIRED)		NOT acceptable)	
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 Record Signature (REQUIRED)	*		
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 & Signature (REQUIRED) (CONTINUED)	City	Zip	
	the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging that the complete that the continue of th	he appointment as registered agent of all statutes relating to the proper an eations of my position as registered at 605, F.S	and agree to act in this ad complete performance

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Rex D Walley
	613 Legion Dr
	Destin FL 32541
MGR	Kristeen K Walley
	613 Legion Dr
	Destin FL 32541

(Use attachment if necessary) EV: Effective date, if other than the date ctive date is listed, the date must be spot filing.)	e of filing:
E V: Effective date, if other than the datective date is listed, the date must be s	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 d
E.V: Effective date, if other than the date ective date is listed, the date must be spot filling.) E.VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 50 d
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 50 d
E.V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E.VI: Other provisions, if any. REQUIRED SIGNATURE:	pecine and cannot be more than live business days prior to or 90 d
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	Amber of an authorized representative of a member.
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a provision of a pro	Affiner of an authorized representative of a member.
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a provision of a constitute of a filing accordance with section 6 constitutes an affirmation unconstitutes an affirmation unconstitutes an affirmation unconstitutes an affirmation unconstitutes.	Affiner of an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document light the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a provision of a pro	Affiner of an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document like the penalties of perjury that the facts stated herein are true. 105.0203 (1) (b) and the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a provision of a pro	Affiner of an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document light the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a provision of a pro	of the provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be splitfiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of any (In accordance with section 6 constitutes an affirmation und 1 am aware that any false inforcenstitutes a third degree felor	Affiner of an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document like the penalties of perjury that the facts stated herein are true. 105.0203 (1) (b) and the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ective date is listed, the date must be splitfiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of any (In accordance with section 6 constitutes an affirmation und 1 am aware that any false inforcenstitutes a third degree felor	Affiner of an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document live the penalties of perjury that the facts stated herein are true. 105.0203 (1) (b), Florida Statutes, the execution of this document live the penalties of perjury that the facts stated herein are true. 105.0203 (1) (b), Florida Statutes, the execution of this document live the penalties of perjury that the facts stated herein are true. 105.0203 (1) (b), Florida Statutes, the execution of this document live the penalties of perjury that the facts stated herein are true. 105.0203 (1) (b), Florida Statutes, the execution of this document live the penalties of perjury that the facts stated herein are true. 105.0203 (1) (b), Florida Statutes, the execution of this document live the penalties of perjury that the facts stated herein are true. 105.0203 (1) (b), Florida Statutes, the execution of this document live the penalties of perjury that the facts stated herein are true. 105.0203 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of any (In accordance with section 6 constitutes an affirmation und 1 am aware that any false inforcements at third degree felon Rex D Walley	of the provided for in s.817.155, F.S.)

Page 2 of 2