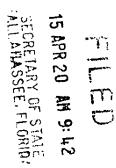
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INAP GaIS

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: About Fun Char	ters and Renta imited Liability Company	Is LLC
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
Charlene	Rurke Name of Person	
About Fun Cl	Firm/Company	Pentels LLC
130 Atlantic	Street Address	
Port Squit Joe		
E-mail address: (to be use	fun charters. Comed for future annual report notification	on)
For further information concerning this matter, ple	ease call:	
Charlene Burke at (	850 340 · 103 Area Code Daytime Telep	phone Number
Enclosed is a check for the following amount:	,	
\$125.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Addre	<u>ss</u>

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:

(Must end with the words   Linned E	Diability Company, E.E.C., or LEC. )
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
130 Atlantic Street Part Saint Joe FL 32456	SAME
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	Legistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Charlene Name	Burke
130 Atlantic Florida street address (P.O. Box 1	Street NOT acceptable)
Po-t saint Joe City	FL 3 2145 6 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 oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
Registered Agent's Signatu	re (REQUIRED)
(CONTINUE	D)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Charlene Burke
<del></del>	Port Saint Joe, Fl 32456
	of filing:
ICLE V: Effective date, if other than the date of affective date is listed, the date must be speate of filing.)	
ICLE V: Effective date, if other than the date of affective date is listed, the date must be speate of filing.)	
ICLE V: Effective date, if other than the date of effective date is listed, the date must be speate of filing.)  ICLE VI: Other provisions, if any.	
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REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.  mation submitted in a document to the Department of State
REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true. nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)

ARTICLE IV-

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