## L15000082180

(Red	questor's Name)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to		

Office Use Only



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TALLANASSEE OF THE

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	ECT: Carlisle Charters, LLC Name of I	Limited Liability Company	
The en	closed Articles of Organization and fee(s)	) are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
	Chastine Newsome	Name of Person	
		Name of Ferson	
	•	Firm/Company	<del></del>
	493 Carlisle Drive	Address	
	0 . 5	Addiess	
	Quincy, Florida, 32351	City/State and Zip Code	15 5 T
<u>.ct</u>	nastinenewsome50@gmail.com E-mail address: (to be u	ised for future annual report notification)	記念
For fur	ther information concerning this matter, p	please call:	PH 2
<u>Chast</u>	ine Newsome at Name of Person	(850 ) 405-9459 Area Code Daytime Telephone Number	2: 50
Enclos	ed is a check for the following amount:		
囚 \$125.0	10 Filing Fee \$\Bigcup \frac{1}{30.00}\$ Filing Fee & Certificate of Status	Certified Copy Certificate (additional copy is enclosed) Certified Co	of Status &
	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



April 14, 2015

CHASTINE NEWSOME 493 CARLISLE DRIVE QUINCY, FL 32351

SUBJECT: CARLISLE CHARTERS, LLC

Ref. Number: W15000025637

We have received your document for CARLISLE CHARTERS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 015A00007308



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Carliala Chartera LLC		
Carlisle Charters, LLC.  (Must end with the words "Lin	nited Liability Company, "L.L.C.," or "L	1.C")
(Mass one min me words 15m	med Elabinity Company, Election, of E	лэс. ү
ARTICLE II - Address:		
The mailing address and street address of the princip	oal office of the Limited Liability Compa	any is:
Principal Office Address:	Mailing Address:	
493 Carlisle Drive	493 Carlisle Drive	
Quincy, Florida 32351		
Gunicy, Florida 3233 I	Quincy, Florida 32351	
	-	**************************************
ARTICLE III - Registered Agent, Registered Off	ice, & Registered Agent's Signature: own Registered Agent. You must design	
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist	ice, & Registered Agent's Signature: own Registered Agent. You must design ration.)	Zes G
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist  The name and the Florida street address of the regist  Chastine Newsome	ice, & Registered Agent's Signature: own Registered Agent. You must design ration.) ered agent are:	SECTION TALLOWS
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist  The name and the Florida street address of the regist  Chastine Newsome	ice, & Registered Agent's Signature: own Registered Agent. You must design ration.)	SECRETARY -4
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist  The name and the Florida street address of the regist  Chastine Newsome  N  493 Carlisle Drive	ice, & Registered Agent's Signature: own Registered Agent. You must design ration.) ered agent are:	TATELETINGS
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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)

Page 1 of 2

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member	· ···	
"MGR" = Manager	Olavii N	
MGR	Chastine Newsome	_
	493 Carlisle Drive Quincy, Florida 32351	-
	admitty i i isinaa ozoo i	-
AMBR	Sherwood L, Brown	_
	7804 Preservation Road	_
	Tallahassee, Florida 32312	_
AMBR	Lisa Robinson	
	1355 Hutchinson Ferry Road	_
	Quincy, Florida 32352	_
AMBR	Dorothy Hughes	
THAIDIT	117 VHobbly Ave	_
ective date is listed, the date must be :	Gretna, Florida 32332  ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or	_
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Page 2 of 2

"AMBR" = Authorized Member "MGR" = Manager AMBR  Judson Safford 153 Chadd Lane Gretna. Florida 32332  (Use attachment if necessary)  (ICLE V: Effective date, if other than the date of filing:	Title:	Name and Address:
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)