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2015 MAY 26 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL. Outgon MAY 27 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Naples Charters 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:

John P Minerva

Name of Person

Naples Charters LLC

Firm/Company

PO Box 111118

Address

Naples, Florida 34108

City/State and Zip Code

john@eecurity.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

john P minerva

239-564-2221

at ()

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 Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2015

JOHN P MINERVA
PO BOX 111118
NAPLES, FL 34108

SUBJECT: NAPLES CHARTERS LLC
Ref. Number: W15000033135

RECEIVED
15 MAY 26 PM 4: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for NAPLES CHARTERS 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):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 715A00009805

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Naples Charters 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:

PO BOX 111118 41 RIDGE DR
Naples, Florida
34108

Mailing Address:

PO BOX 111118 41 RIDGE DR
naples, florida
34108

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

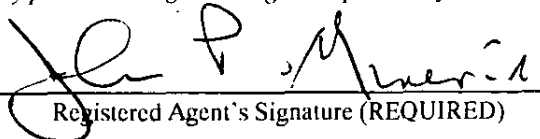
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

john p minerva
Name
41 Ridge Drive
Florida street address (P.O. Box **NOT** acceptable)
Naples Florida 34108
City State Zip

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2015 MAY 26 PM 12:49
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..


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

mgr

Name and Address:

john p minerva

41 ridge drive

naples florida 34108

AMBR

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: APRIL 30 2015 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.)

john p minerva

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)

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2015 MAY 26 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA