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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

Email Address:

FLORIDA LIMITED LIABILITY CO.

Pride & Joy Charters, LLC

Certificate of Status	0
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S. GILBERT

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COVER LETTER

	ition Section of Corporations		
SUBJECT: Pric	le & Joy Charters, LLC Name of Li	mited Liability Company	
The enclosed Art	icles of Organization and fee(s) a	re submitted for filing.	
Please return all c	correspondence concerning this n	natter to the following:	
	Anthony M. Gardini		
		Name of Person	
	Pride & Joy Charters, LLC	Firm/Company	
21	00 South Ocean Lane Unit 1103	Address	
Fort	Lauderdale - Florida 33316	Fity/State and Zip Code	
amgacn@	optonline.net E-mail address: (to be use	d for future annual report notifier	ation)
For further inform	nation concerning this matter, ple	rase call:	
Anthony M. Gard	tini at (Name of Person		Icphone Number
Enclosed is a chee	ck for the following amount:		
□ \$125.00 Filing Fe	Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	OS160.00 Filing Fee. Certificate of Status & Certified Copy [additional copy is enclosed)
	Mailing Address	Street/Courier Add	ress

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

7/16/2015 12:08:24 PM From: To: 8506176381(3/4)

FILED

15 JUL 16 AM 7: 56

ARTICLESOF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CONTPANY SEURE LARY OF STATE THAT AS A SOCIETY OF STATE

The name of the Limited Liability Company is:	FL gar
The more of the fallined calculing company is.	· • • • • • • • • • • • • • • • • • • •
Pride & Joy Charters, I.J.C	
(Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE [] - Address:	
The mailing address and street address of the princip	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2100 South Ocean Jane Unit 1103	168 West Islip Road
Fort Lauderdale, Florida 33316	West Islip, NY 11795
another business entity with an active Flurida regist. The name and the Florida street address of the regist	
_	_
	poration System Name
	Pinc Island Road
Florida street address (P.O.	Box NOT acceptable)
Plantation	
	FL 33324
City	FL 33324 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.

C T Corporation System Kristin Bolden

Assistant Socretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

itle:	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
MGR- MANAGER	Anthony M. Gardini
	168 West Islin Road
	West Islin, NY, 11795
	<u> </u>
· · · · · · · · · · · · · · · · · · ·	····
(Use attachment if necessary)	
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