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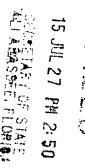
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Certified Copies	_ Certificates	of Status
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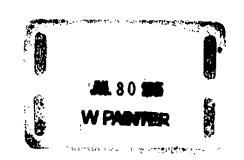
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## HAYSKAR, WALKER, SCHWERER, DUNDAS & McCAIN, P.A.

GARRISON M. DUNDAS STEPHEN G. HAYSKAR STEVEN R. McCAIN ROBERT V. SCHWERER JAMES T. WALKER

RENAISSANCE FINANCIAL CENTER 130 SOUTH INDIAN RIVER DRIVE SUITE 304 FORT PIERCE, FLORIDA 34950

POST OFFICE BOX 3779
FORT PIERCE, FLORIDA 34948-3779

TELEPHONE (772) 461-2310 FAX (772) 468-6580

July 20, 2015

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

## RE: ARTICLES OF ORGANIZATION FOR FISH FRIENDLY CHARTERS, LLC.

To Whomsoever It May Concern:

This letter serves to enclose for filing and registration Articles of Organization for creation of Fish Friendly Charters, LLC. Also enclosed is a check made payable to the account of the Florida Secretary of State in the sum of \$160.00, with request that this office be furnished with a certified copy of the registration, along with a certificate of status. Your kind cooperation in processing this submittal in usual fashion is appreciated and I am and continue to remain, as always

Most cordially and respectfully yours,

JAMES T. WALKER, ESQUIRE

JTW/la

**Enclosures** 

cc: Thomas W. Bieri

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	FISH FRIENDLY CHARTERS,	LLC
(Must end	with the words "Limited Liability Comp	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal office of the Limi	ted Liability Company is:
<u>Princip</u>	oal Office Address:	Mailing Address:
	Grapeland Avenue Lucie, FL 34952	Same
The Limited Liability Company	ent, Registered Office, & Registered Ay cannot serve as its own Registered Age active Florida registration.)	
·	11 60 1	
·	address of the registered agent are:	
·	address of the registered agent are:  Thomas W. Bieri	
·	<u> </u>	
·	Thomas W. Bieri	Avenue

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..

State

Port St. Lucie

City

Registered Agent's Signature (REQUIRED

34952

Zip

(CONTINUED)

Page 1 of 2

15 JUL 27 FN 2:50

Fitle: AMBR" = Authorized Member MGR" = Manager	Name and Address:
Thomas W. Bieri	1691 SE Grapeland Avenue
	Port St. Lucie, FL 34952
(Use attachment if necessary)	
ective date is listed, the date must be sp of filing.)	
ective date is listed, the date must be sp. filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not t of State's records.
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