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(Requestor's Name)
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PICK-UP WAIT MAIL
(During Enth, Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Sertifica depices
Special Instructions to Filing Officer:
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COVER LETTER

TO:	Registration Section Division of Corporations		
OTIO TE	Coastal Charters & Services		
SUBJE	CT: Name (of Limited Liabil	ity Company
The enc	lused Articles of Organization and fee	(s) are submitted	for filing.
Picase r	eturn all correspondence concerning the	is matter to the	following:
	Stephen B Levy Jr		
		Name of	Person
	Coastal Charters & Services		
		Firm/Co	empany
	2009 NW 20th Tex		
		Addı	ess
	Cape Coral / FL / 33993		
	SteveLevyJr@gmail.com	City/State at	d Zip Code
	E-mail address: (to be	used for future	annual report notification)
For farth	er information concerning this matter,	please call:	
	Steve Levy	239 at (849-0440
	Name of Person	Area Code	Daytime Telephone Number
Enclose	d is a check for the following amount:		
	Filing Fee \$130.00 Filing Fee Certificate of State	18 Certif	100 Filing Fee & \$160.00 Filing Fee, ied Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing 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 Lis	ability Company is:			
Coastal Charters	& Services L.L.C.			
(Must	end with the words "Limited L	iability Company	, "L.L.C.," or "LLC.")	
RTICLE II - Address:				
he mailing address and stre	ect address of the principal offi	ce of the Limited	Liability Company is:	
Pris	cipel Office Address:		Mailing Address:	
2009 NW 20th T	2009 NW 20th Ter		2009 NW 20th Ter	
Cape Coral, FL 3	Cape Coral, FL 33993		Cape Coral, FL 33993	
	Agent, Registered Office, & cany cannot serve as its own Re	Registered Age		
The Limited Liability Composite business entity with	eany cannot serve as its own Ro an active Florida registration.) eet address of the registered ap	Registered Agent.	nt's Signature:	
The Limited Liability Comp nother business entity with	eany cannot serve as its own Ro an active Florida registration.) reet address of the registered at Stephen B Levy Jr	Registered Agent.	nt's Signature:	
The Limited Liability Comp nother business entity with	eany cannot serve as its own Ro an active Florida registration.) reet address of the registered at Stephen B Levy Jr	Registered Agent. gent are;	nt's Signature:	
The Limited Liability Comp nother business entity with	eany cannot serve as its own Roan active Florida registration. The address of the registered at the Stephen B Levy Jr	Registered Agent. gent are; lame	nt's Signature: You must designate an individual or	
The Limited Liability Comp nother business entity with	sany cannot serve as its own Roan active Florida registration.) eet address of the registered at Stephen B Levy Jr 2009 NW 20th Ter	Registered Agent. gent are; lame	nt's Signature: You must designate an individual or	

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 l am familiar with and accept the obligations of my position of registered agent as provided for in Chapter 605, F.S.,

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	A
WOK	Stephen B Levy Jr
	2009 NW 20th Ter Cape Coral, FL 33993
	Cape Cordi, FL 53993
AMBR	Jodie C Levy
And the state of t	2009 NW 20th Ter
	Cape Coral, PL 33993
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(Use attachment if necessary)	<i>j</i> ·
LEV: Effective date, if other than the date o	of filing: (OPTIONAL)
	lific and cannot be more than five business days prior to or 90 days
e of filing.)	The second secon
If the date inserted in this block does not me	eet the applicable statutory filing requirements, this date will not be li
ument's effective date on the Department of	f State's records.
T P VI. Other provisions if one	
LE VI: Other provisions, if any.	
LE VI: Other provisions, if any.	
LE VI; Other provisions, if any.	
5 /	
LE VI: Other provisions, if any. REOUTRED SIGNATURE:	A D A
5 /	b DA

Stephen B Levy Jr Typed or printed name of signee

Filing Fees:

- \$125.90 Filing Fee for Articles of Organization and Designation of Registered Agent
 \$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)