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SECRETARY OF STATE CLLAHASSEE FLORIDA

FILED



COVER LETTER

Division of Corporations
SUBJECT: 6 X 6 Charters and Outfitters 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:
Lindsey Schult Name of Person
Name of Person
Firm/Company
2201 Staples Ave Address
Key West, Fln. 33040 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Unckey Schult at (303) 903-7677 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} S155.00 Filing Fee & Certificate of Status &
Mailing Address New Filing Section New Filing Section

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

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:	FILED
The name of the Limited Liability Company is:	16 MAR 14 PM 3:55
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	GECRETARY OF STATE ALLAHASSEE FLORIDA
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address	<u>ess</u> :
2201 Staples Ave 2201 Staples Keywest, Fla. 330C10 Key West F	Ave 1233040
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 ind another business entity with an active Florida registration.)	ividual or
The name and the Florida street address of the registered agent are:	
Lindsey Scholt Name	
2201 Staples Ave	
Florida street address (P.O. Box NOT acceptable)	
City State Zip	
City State Zip	
daving been named as registered agent and to accept service of process for the above stated limited liabilulace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the proper and complete performance and familiar with and accept the obligations of my position as registered agent as provided for in Chapter Registered Agent's Signature (REQUIRED)	n this capacity. I e of my duties, and I
(CONTINUED)	

Page 1 of 2

ARTICLE IV- The name and address of each no	rson authorized to manage and control th	e Limited Liability Company
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	16 MAR 14 PM 3: 55 SECRETARY OF STATE TALLAHASSEE FLORIDA
MGR.	Lindsei 2201 St Key h	1 Schult Loles Ave Vest FIA 33040
ate of filing.)	t be specific and cannot be more than fi es not meet the applicable statutory filing	
ICLE VI: Other provisions, if any.	Timent of State 8 records.	
REQUIRED SIGNATURE: Signature	of a member of an authorized represer	ntative of a member.
I am aware that a constitutes a third	s executed in accordance with section 60: ny false information submitted in a docur I degree felony as provided for in s.817.1 Indsey Scholt Typed or printed name of signe	ment to the Department of State 55, F.S.
	Typed or printed name of signe Filing Fees:	e

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)