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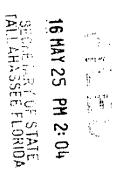
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Sunny Afternoon Charters LLC Name of Lin	mited Liability Company	···
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Joshua Russell	Name of Person	
		Time (C	
		Firm/Company	
	529 South Parsons Ave Apt #615	Address	
	Brandon, FL 33511	City/State and Zip Code	
jo	sh <u>russell199121@gmail.com</u> E-mail address: (to be use	•	ttion)
For fur	ther information concerning this matter, plea	ase call:	
<u>Joshu</u>	a Russell at (at (at (at (570) <u>351-1675</u> Area Code Daytime Tel	lephone Number
Enclos	ed is a check for the following amount:		
□ \$125.0	0 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Cirele

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Sunny Afternoon Charters LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
529 South Parsons Ave Apt #615 Brandon, FL 33511	529 South Parsons Ave Apt #615 Brandon, FL 33511
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own F another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	- CANADA
Joshua Russell	25 25 A SS
Name	
529 South Parsons Ave Apt #6 Florida street address (P.O. Box	
<u>Brandon</u> City	FL 33511 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Joshua Russell
	529 South Parsons Ave Apt #615 Brandon, FL 33511
AMBR	Brian Harris
	529 South Parsons Ave Apt #615
	Brandon, FL 33511
The state of the s	
- Alan Alan Alan Alan Alan Alan Alan Alan	
(Use attachment if necessary)	
n effective date is listed, the date must be sp	e of filing:
TCLE V: Effective date, if other than the date	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days
TICLE V: Effective date, if other than the date n effective date is listed, the date must be splate of filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days
TICLE V: Effective date, if other than the date n effective date is listed, the date must be splate of filing.)	pecific and cannot be more than five business days prior to or 90 days
ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or 90 days member or an authorized representative of a member 205.0203 (1) (b), Florida Statutes, the execution of this document to the penalties of perjury that the facts stated herein are true. my as provided for in s.817.155, F.S.)

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)

ARTICLE IV-