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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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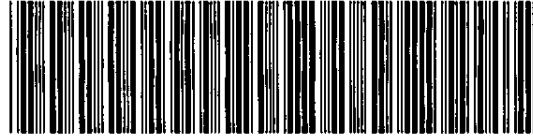
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 AUG - 1 AM 10:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/8/16

New Filing Section
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

Attached to this letter is an application to form an LLC company. Please direct any correspondence to:

Mark D. McGrew
8312 W Southamton Ct
Homosassa, FL 34448
Phone: 352.382.0440
Email: markdmcgrew@gmail.com

Regards,

Mark D McGrew

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REEL SOUTHERN NATURE COAST CHARTERS L.L.C.
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:

TRACI W. MCGREW

Name of Person

REEL SOUTHERN NATURE COAST CHARTERS L.L.C.

Firm/Company

8312 WEST SOUTHAMPTON CT

Address

HOMOSASSA FL. 34448

City/State and Zip Code

MARK D MCGREW@GMAIL.COM

E-mail add. (to be used for future annual report notification)

markdmcgrew@gmail.com

For further information concerning this matter, please call:

MARK MCGREW (352) 382-0440

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$160.00 Filing Fee,
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 Liability Company is:

REEL Southern NATURAL COAST CHARTERS L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8312 WEST Southampton CT
HOMOSASSA FL 34448

Mailing Address:

8312 WEST Southampton CT.
HOMOSASSA FL 34448

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 individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

TRACI W. MCGREW
Name

8312 WEST Southampton CT
Florida street address (P.O. Box **NOT** acceptable)
HOMOSASSA FL 34448
City State Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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..

Traci W. McGrew
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR.

AMBR.

Name and Address:

Traci W. McGrew
8312 West Southampton CT
HOMOSASSA FL 34448

Mark D. McGrew
8312 West Southampton CT
HOMOSASSA FL 34448

Robert E. Hale
7619 West Radiance Lane
HOMOSASSA FL 34448

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Traci W. McGrew
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Traci W. McGrew
Typed or printed name of signee

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)

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STATE
TALLAHASSEE
FLORIDA