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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u> </u>
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SECRETARY OF SIGNE (ALLAMASSED) FLORD)

2016 SEP -9 AH 8:5

COVER LETTER

	ivision of Corporations
SUBJECT	In the Loop Fishing Charters, LLC
	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Aaron A. Haak, Esq.
	Name of Person
	Knott Ebelini Hart
	Firm/Company
	1625 Hendry Street, Suite 301
	Address
	Fort Myers, Florida 33901
	City/State and Zip Code bobartholomew92@gmail.com
	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Nichole Jayne 239 334-2722
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
\$125.00 F	Siling Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \tag{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\$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

	Fishing Charters, LLC Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
RTICLE II - Addre	ss:	
he mailing address an	d street address of the principal office	of the Limited Liability Company is:
	Principal Office Address:	Mailing Address:
5807 Cuble	s Drive	P.O. Box 594
Bokeelia, F	lorida 33922	Bokeelia, Florida 33922
<u></u>		

Brian Bartholomew

Name

5807 Cubles Drive

Florida street address (P.O. Box NOT acceptable)

BokeeliaFlorid33922CityStateZip

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

SECRETA & AH 8: 55

<u>Title:</u> "AMBR" = Au	thorized Member	Name and Address:
"MGR" = Man	ager	
MGR		Brian Bartholomew
•	_	5807 Cubles Drive
		Bokeelia, Florida 33922
		
		
effective date is li	date, if other than the date	of filing: September 1, 2016 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 day
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-

Page 2 of 2

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