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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| | | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
AND ASSEE, FLORID

2-

COVER LETTER

TO:

New Filing Section

| SUBJEC | Name of Lir | mited Liabilit | ty Company |
|-------------|---|-----------------|---|
| The enclo | sed Articles of Organization and fee(s) ar | e submitted | for filing. |
| Please ret | urn all correspondence concerning this ma | atter to the fo | ollowing: |
| | JEANETTE EDWARDS | | |
| | | Name of I | Person |
| | JEANETTE EDWARDS, CPA | | |
| | | Firm/Cor | npany |
| | 435 12TH STREET WEST | | |
| | | Addre | SS |
| | BRADENTON, FL 34205 | | |
| | EDWARDS9904@GMAIL.COM | City/State and | l Zip Code |
| | E-mail address: (to be used | l for future ar | nnual report notification) |
| For further | information concerning this matter, pleas | e call: | |
| | JEANETTE EDWARDS 94 | 41 | 447-0773 |
| | | | Daytime Telephone Number |
| Enclosed | is a check for the following amount: | | |
| \$125.00 F | Filing Fee \$\int \frac{\$130.00 \text{ Filing Fee & Certificate of Status}} | Certifie | O Filing Fee & S160.00 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 | A | RT | IC | LE | I - | N | ame |
|------------------|---|----|----|----|-----|---|-----|
|------------------|---|----|----|----|-----|---|-----|

The name of the Limited Liability Company is:

GRAHAM SLAM FISHING CHARTERS, LLC

(Must contain 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:

Mailing Address:

| 5503 1ST AVENUE WEST | 5503 IST AVENUE WEST |
|----------------------|----------------------|
| BRADENTON, FLORIDA | BRADENTON, FLORIDA |
| 34209 | 34209 |

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:

| NICHOLAS R. GRAHAM | |
|--------------------|--|
| | |

Name

5503 1ST AVENUE WEST

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

| BRADENTON | FLORIDA | 34209 |
|-----------|---------|-------|
| City | State | 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)

FILED JUN 13 AM 9: 23 CRETARY OF STATE

| "AMBR" = Authorized Member | |
|--|---|
| "MGR" = Manager | |
| MGR | NICHOLAS R. GRAHAM |
| | 5503 IST AVENUE WEST |
| | BRADENTON, FLORIDA 34209 |
| AMBR | AARON P. GRAHAM |
| INILIA | 5503 IST AVENUE WEST |
| | BRADENTON, FL 34209 |
| | DRADENTON, FE 34209 |
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| (Use attachment if necessary) | |
| RTICLE V: Effective date if other than the | e date of filing: (OPTIONAL) |
| an effective date is listed, the date must | be specific and cannot be more than five business days prior to or 90 days after |
| e date of filing.) | Specific and comment of more than 11.0 business days prior to strong anys mice. |
| | s not meet the applicable statutory filing requirements, this date will not be listed a |
| e document's effective date on the Depar | ment of State's records. |
| TICLE VI. Od | |
| RTICLE VI: Other provisions, if any. | |
| | |
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| | |
| REOUIRED SIGNATURE: | |

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.

Nicholas 12 Graham

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)