

L18000228994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

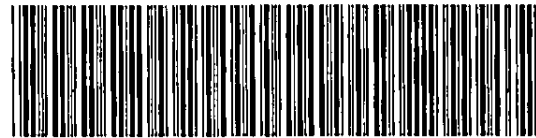
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000318994610

09/26/18--01009--010 **160.00

SECRETARY OF STATE
DIVISION OF CORPORATION
18 SEP 26 AM 7:42
TALLAHASSEE, FLORIDA

K PAGE
SEP 28 2018

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: SALTY FINS CHARTERS

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:

CHADWICK G SASSER

Name of Person

SALTY FINS CHARTERS

Firm/Company

6817 S PINEBRANCH PT

Address

HOMOSASSA, FLORIDA 34448

City/State and Zip Code

csasser@pandj.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHAD SASSER	325	279-2613
_____ Name of Person	at (_____) Area Code	_____ Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input checked="" type="checkbox"/> \$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:

SALTY FINS 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:

6817 S PINEBRANCH PT.
HOMOSASSA, FL 34448

6817 S PINEBRANCH PT.
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:

CHADWICK G SASSER

Name

6817 S PINEBRANCH PT.

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

HOMOSASSA,

FL.

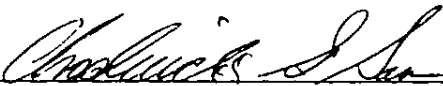
34637

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)

18 SEP 26 AM 7:43
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGM

Name and Address:

CHADWICK G SASSER
6817 S PINEBRANCH PT.
HOMOSASSA, FL.34448

AMBR

SARAH SASSER
6817 S PINEBRANCH PT.
HOMOSASSA, FL.34448

(Use attachment if necessary)

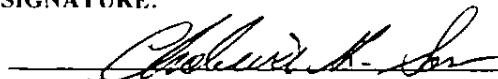
ARTICLE V: Effective date, if other than the date of filing: JULY 25, 2018 (OPTIONAL)

(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:



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.

CHADWICK G SASSER

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)

DEPARTMENT OF STATE
DIVISION OF CORPORATION
18 SEP 26 AM 7:43
TALLAHASSEE, FLORIDA