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	Division of Corporations		.≃ \$c.
	Fax Number	: (850)617-6381	<u>-</u>
From:			22 FW
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	∽ <u>స</u> ై
	Account Number		20.5
	Phone	: (305)552-5973	σi _σ ,
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**Enter	the email address	s for this business entity to be used for	
ann	ual report maili	ngs. Enter only one email address please.	**

FLORIDA LIMITED LIABILITY CO. SWORDFISH CHARTERS L.L.C.

Certificate of Status	1		
Certified Copy	0		
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ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company,

SUPPROFISH CHARTERS G.L.C.

ARTICLE II - Address:

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

2536 SW16TERR MIAMI, Fl. 33145

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business enlity with an active Florida registration.)

JUAN CARLOS PINETA 2536 SW 16 TERR MIAMI FL 33145

ARTICLE IV-

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

JUAN CARLOS PINEDA (AMBR)

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

JUAN CARLOS PONEDA

Typed or printed name of signee

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)