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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

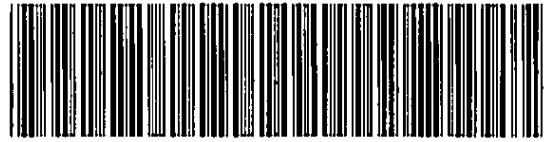
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 17 2020 10:00 AM
RECEIVED
STATE OF TEXAS

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: "GRACE WINS CHARTERS LLC"
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAN D. JENKINS
Name of Person

GRACE WINS CHARTERS
Firm/Company

207 31 TT
Address

WEST PALM BEACH, FL. 33407
City/State and Zip Code

CAPTAIN DAN24@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAN D. JENKINS at (305) 979-5650
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

"GRACE WINS 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:

207 31st
WEST PALM BEACH FLORIDA
33407

P.O. BOX 567
PALM BEACH, FLORIDA 33480

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:

DAN O. JENKINS

Name

207 31st

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

WEST PALM BEACH FL 33407

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.

Dan O. Jenkins

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2011

ARTICLE IV:

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

DAN D. JENKINS

207 RITT WOOD PALM BEACH FL 33407

(Use attachment if necessary)

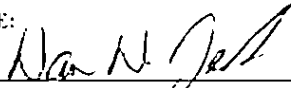
ARTICLE V: Effective date, if other than the date of filing: DATE OF FILING (OPTIONAL)

(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:



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.

DAN D. JENKINS

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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Firm Company

207 3111
Address

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City/State and Zip Code

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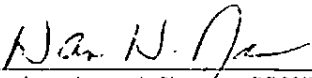
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WEST PALM BEACH FL 33407
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AMBR

DAN D. JENKINS
300 RITE WAY PALM BEACH FL 33407

_____	_____
_____	_____
_____	_____
_____	_____

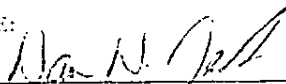
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