

L21000366040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

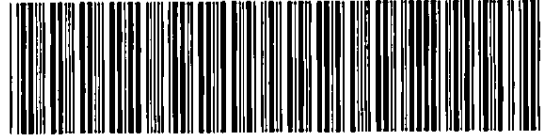
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 AUG 16 PM 2:46:58
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ALLAHASSEE, FLORIDA

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WALK IN

PICK UP: 8/16 DANNY

- CERTIFIED COPY** _____
- XX** **PHOTOCOPY** _____
- CUS** _____
- XX** **FILING** LLC _____

1. **TISTA CHARTER LLC**
(CORPORATE NAME AND DOCUMENT #) _____
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

SUBJECT: Tista Charter LLC
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:

Kevin T. Katske

Name of Person

Diserio Martin O'Connor & Castiglioni LLP

Firm/Company

1010 Washington Boulevard, Suite 800

Address

Stamford, CT 06901

City/State and Zip Code

roachjohn1@me.com

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

For further information concerning this matter, please call:

Kevin T. Katske

at (**203**)

358-0800

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

2021 AUG 16 PM 2:46

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tista Charter LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

RECORDED IN STATE
TALIAFERRO COUNTY, FL

ARTICLE II - Address:

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

Principal Office Address:

**1600 N. Ocean Boulevard
Palm Beach, FL 33480**

Mailing Address:

**6 Indian Chase Drive
Greenwich, CT 06830**

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:

John Roach

Name

1600 N. Ocean Boulevard

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

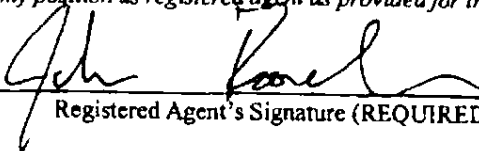
Palm Beach, FL 33480

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

Mailing Address:

AMBR

John Roach
1600 N. Ocean Boulevard
Palm Beach, FL 33480
roachjohn1@me.com

John Roach
6 Indian Chase Drive
Greenwich, CT 06830

2017 Nov 16 11:24:46
STATE

(Use attachment if necessary)

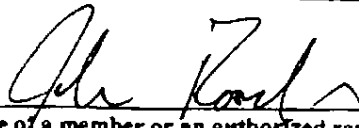
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

John Roach

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)