

L22000259306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

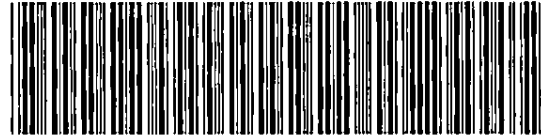
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 JUN -9 AM 11:46

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

FILED

2022 JUN -9 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FL

FILE 3RD

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 733083 4390271

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : June 8, 2022

ORDER TIME : 8:13 AM

ORDER NO. : 733083-020

CUSTOMER NO: 4390271

DOMESTIC FILING

NAME: DOLPHIN SAFARI CHARTERS LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

## DOLPHIN SAFARI CHARTERS

2819 Patterson Avenue  
Key West, Florida 33040

May 13, 2022

Florida Department of State  
Division of Corporations  
500 South Bronough Street  
Tallahassee, Florida 32399

RE: Release of name Dolphin Safari Charters:

To Whom It May Concern:

The undersigned as President and sole shareholder of Dolphin Safari Charters, Inc., a Florida corporation hereby releases any and all claims, rights, title or interest in the name Dolphin Safari Charters or any derivation thereof.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Stanyer", with a stylized flourish at the end.

Gary Stanyer

**COVER LETTER**

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

**SUBJECT:** DOLPHIN SAFARI CHARTERS 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:

Jennifer Levin, Esq.

\_\_\_\_\_  
Name of Person

Fromberg, Perlow & Komik, P.A.

\_\_\_\_\_  
Firm/Company

20295 NE 29th Place, Suite 200

\_\_\_\_\_  
Address

Aventura FL 33180

\_\_\_\_\_  
City/State and Zip Code

jlevin@fpk-law.com

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

For further information concerning this matter, please call:

Jennifer Levin

305

785-4323

at (\_\_\_\_\_) \_\_\_\_\_

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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2022 JUN -9 PM 4: 29

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE  
TALLAHASSEE, FL

DOLPHIN SAFARI 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:

422 Fleming Street, Office 14

422 Fleming Street, Office 14

Key West FL 33040

Key West FL 33040

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:

Dade County Corporate Agents, Inc.

Name

20295 NE 29th Place, Suite 200

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

Aventura

FL

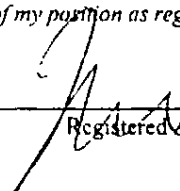
33180

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:**

MGR

ERIC PELLETIER  
422 Fleming Street, Office 14  
Kev West FL 33040

MGR

ALEXANDRA SOLYANIKOVA  
422 Fleming Street, Office 14  
Kev West FL 33040

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

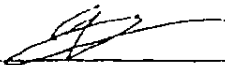
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

ERIC PELLETIER

\_\_\_\_\_  
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)

**FILED**  
2022 JUN -9 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FL