1-23000007617

| (Requestor's Name) | |
|---|---|
| (ivequestors manie) | |
| (Address) | |
| (100.000) | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAI | L |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| | |
| Certified Copies Certificates of Status | |
| | |
| Special Instructions to Filing Officer: | |
| | ļ |
| | ļ |
| | |
| | |
| | |
| | ļ |
| | |

Office Use Only



200399105242

01/03/23--01038--011 **125.00

D. O'KEEFE JAN - 9 2023



December 27, 2022

State of Florida New Filing Section Divisions of Corporations PO Box 6327 Tallahassee, FL 32314

Re:

Articles of Organization for Florida Limited Liability Company -

Blue Marlin Charters LLC

To Whom It May Concern:

Enclosed please find Articles of Organization for Florida Limited Liability Company for Blue Marlin Charters LLC.

Also enclosed is our check in the amount of \$125.00.

Very truly yours,

Plager, Krug, Bauer, Rudolph & Stodden, Ltd.

Charles B. Rudeloh

CBR/mjw Enclosures

†Also admitted in Colorado

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| RTICLE I - Name: he name of the Limited Liability Cor | npany is: | | |
|--|---|---|----------------------------------|
| | | | |
| Blue Marlin Charters LLC | , | | |
| (Must contain th | e words "Limited I. | iability Compan | y, "L.L.C.," or "LLC.") |
| (************************************** | | , | • |
| RTICLE II - Address: | | | THE CONTRACT OF STATE |
| he mailing address and street address | s of the principal of | fice of the Limit | ed Liability Company is: |
| Principal Of | fice Address: | | Mailing Address: |
| <u>-</u> | | | 212.5.11.1 |
| 1342 S. Harlem | | | 342 S. Harlem reeport, 11, 61032 |
| Freeport, IL 61032 | | | recport in 61032 |
| nother business entity with an active The name and the Florida street addre | | , | |
| | ss of the registered | agent are: | |
| | | agent are: | |
| | obert L. Finnie | agent are: | |
| <u>R</u> (| | <u></u> | |
| <u>R</u> | obert L. Finnie | Name | acceptable) |
| <u>Ro</u> 10 F1 | obert L. Finnie | Name | acceptable) |
| <u>Ro</u> 10 F1 | obert L. Finnie 67 SE 5th St. orida street address | Name s (P.O. Box <u>NOT</u> | • |
| Re L(C | obert L. Finnie 7 SE 5th St. orida street address ape Coral City | Name (P.O. Box <u>NOT</u> FL State | 33990 Zip |
| Ri 10 Fl Ca wing been named as registered agent | obert L. Finnie 7 SE 5th St. orida street address ape Coral City and to accept service | Name (P.O. Box NOT FL State ce of process for | 33990 |

the 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)

FALLAHASSI LEGARO

ARTICLE IV-

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

| "NACD" - NA | |
|---|--|
| "MGR" = Manager <u>MGR</u> | Scott Bares 1342 S. Harlem Freeport, H. 61032 |
| MGR | Kelly L. Bares 1342 S. Harlem Freeport, IL 61032 |
| | 2023 Att |
| | 3 A A A A A A A A A A A A A A A A A A A |
| (Use attachment if necessary) | o of filing: (OPTIONAL) |
| n effective date is listed, the date must be sp late of filing.) e: If the date inserted in this block does not n | pecific and cannot be more than five business days prior to or 90 days |
| document's effective date on the Department | |
| TICLE VI: Other provisions, if any. | |

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)

Kelly L. Bares