

L23000499731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

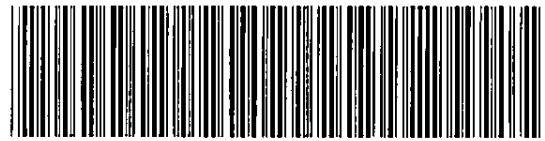
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100417428741

10/20/23--01022--013 **125.00

SECRETARY OF STATE
RECEIVED

2023 OCT 20 PM 10:25

FILED

COVER LETTER

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

SUBJECT: Punta Gorda Nautical Adventures 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:

Harvey Fox
Name of Person

Punta Gorda Nautical Adventures LLC
Firm/Company

3900 Barnegat Dr
Address

Punta Gorda FL 33950
City/State and Zip Code

foxfarm514795@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harvey Fox at (616) 822-8678
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:

Punta Gorda Nautical Adventures 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:

3900 Barnegat Dr
Punta Gorda FL
33950

Mailing Address:

3900 Barnegat Dr
Punta Gorda FL
33950

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:

Harvey Fox
Name
3900 Barnegat Dr
Florida street address (P.O./Box **NOT** acceptable)
Punta Gorda FL 33950
City State Zip

FILED
2023 OCT 20 PM 10:25
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF S.W. FL.

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.

[Signature]
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

AMBR

MGR

Name and Address:

Harvey Fox
3900 Barney St Dr
Punta Gorda FL 33950

Diedra Fox
3900 Barney St Dr
Punta Gorda FL 33950

2023 OCT 20 PM 10:25
CLERK
RECEIVED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1-1-2024 (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:

Harvey Fox
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.

Harvey Fox
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)