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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 Special Instructions to Filing Officer: | |
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| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Requestor's Name) |
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | |
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Office Use Only



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|---|---|
| Fishing Charters Near Me "116" (Must contain the words "Limited Liability Comp | pany, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Lin | mited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| Stofan Andrew | 710 S. Mahile St #35 |
| Stofen Andrew 6163 1/2 East Shore Drive Will Renacola Fl 32505 | Fairhope Al 36532 |
| ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Aganother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: | Agent's Signature: gent. You must designate an individual or |
| Stefan E Andre | |
| Stefan F. Andrew Name | |
| 6103 1/2 East S Florida street address (P.O. Box No. | hore Drive UnitB |
| Persacoka Fl City State | |
| City State | Zip |
| Having been named as registered agent and to accept service of process for place designated in this certificate, I hereby accept the appointment as registriber agree to comply with the provisions of all statutes relating to the param familiar with and accept the obligations of my position as registered agents. | istered agent and agree to act in this capacity. I operand complete performance of my duties, and I |
| Itelan E. an | drew 2022 |
| V Registered Agent's S | ignature (REQUIRED) |
| (CONTINU | FD) |
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| <u>Title:</u> "AMBR" = A | Name and Address: Authorized Member | |
|--|---|-------|
| "MGR" = Ma | anager | |
| "MGR" | Stefan Andrew | |
| | 7103 Mobile St # 35 Failhope Al 36532 | |
| | 1 MIT 110 ML AT 3.09 3 A | |
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| ICLE V: Effective date is | • | iys a |
| TCLE V: Effective n effective date is late of filing.) e: If the date inser | ve date, if other than the date of filing: 6-10-24 (OPTIONAL) listed, the date must be specific and cannot be more than five business days prior to or 90 da rted in this block does not meet the applicable statutory filing requirements, this date will not be | |
| TCLE V: Effective n effective date is late of filing.) e: If the date inser | ve date, if other than the date of filing: 6-10-24 (OPTIONAL) listed, the date must be specific and cannot be more than five business days prior to or 90 da | |
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| TICLE V: Effective n effective date is late of filing.) e: If the date inserdocument's effective TICLE VI: Other p | re date, if other than the date of filing: 6 - 10 - 2 4 (OPTIONAL) | |
| FICLE V: Effective date is date of filing.) te: If the date inser document's effecti | re date, if other than the date of filing: 6 - 10 - 2 4 (OPTIONAL) | |
| FICLE V: Effective date is date of filing.) te: If the date inser document's effecti | listed, the date must be specific and cannot be more than five business days prior to or 90 days red in this block does not meet the applicable statutory filing requirements, this date will not be live date on the Department of State's records. Provisions, if any. Signature of a member or an authorized representative of a member. | |
| FICLE V: Effective n effective date is date of filing.) (e: If the date inser document's effecti | re date, if other than the date of filing: 6 - 10 - 2 4 (OPTIONAL) | |

Filing Fees:

Stefan E. Andrew
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

COVER LETTER

| TO: New Filing Sec Division of Cor | | | |
|---------------------------------------|--|---|--|
| SUBJECT: Fish | Name of Lim | Me "LLC" ited Liability Company | |
| The enclosed Articles of | Organization and fee(s) are | submitted for filing. | |
| Please return all correspo | ondence concerning this ma | tter to the following: | |
| 51 | efar Andrew | Name of Person | |
| | | | |
| _ Fishi | ug Charters Ne | Firm/Company | |
| | | Firm/Company | |
| 6 | 103 112 Eus | + Shore Drive Address | Unit B |
| Po | e New Coly FI | 32505 ty/State and Zip Code | |
| Closano | udre. , 907 @ | wahaa Caaa | |
| <u> </u> | -mail address: (to be used | yahoo, Com for future annual report notificat | ion) |
| | ncerning this matter, please | | |
| <u>Stcfan</u> Nam | | 251 S/0-188 ea Code Daytime Telephon | |
| Enclosed is a check for the | ne 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) |
| | g Address | Street Address New Filing Section D | ivision |

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303