12400528351

(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



TALLAHASSEE. FL

تر. 192

1011001116617

• • • •

CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

Date:

12/18/2024

Gir Al

Acc#I2016000072

Name:	Capta	in Dan Morgan LLC	
Document #:			
Order #:	16016	642	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			TALL/HASS
Certified Copy of			9: 1 7
Apostille/Notarial		Country of Destination:	
Certification:	Certification:	Number of Certs:	

Filing: 🗸	Certified: 🖌	Email Address for Annual Report Notifications:
	Plain:	
	COGS:	

Availability	Amount: \$ 155.00
Document	Amount: \$ 155.00
Examiner	
Updater	
Verifier	
W.P. Verifier	
Ref#	
· · · · · ·	Thank you!)
	Thank year

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Captain Dan Morgan 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:
371 Nassau Ct. Marco Island, Florida 34145	371 Nassau Ct, Marco Island, Florida 34145

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company c another business entity with an ac			ou must designate an indi	vidual or	2024 0	د - سر م
The name and the Florida street ac					EC 18	13 ک مدین - محد
	C T Corporation Sys	tem		ASS		·
		Name			<u>A</u>	13
	1200 South Pine Isla	nd Road			မ္	هي ا
	Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)		Ľ'n	
	Plantation	Florida	33324			
	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.

> 52 Eric Meconahay, By: Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

MGR	Danny Morgan 371 Nassau Ct, Marco Island, Florida 34145
AMBR	Pamela Morgan
	371 Nassau Ct, Marco Island, Florida 34145
	2024 T/
(Use attachment if necessary)	
F.V: Effective date, if other than the d	ate of filing: (OP FIONAL) specific and cannot be more than five business days, prior to or 90 c

ARTICLE VI: Other provisions, if any,

REOUIRED SIGNATURE:

ames David Harrison

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.

James David Harrison

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)