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SECHETANT OF STATE
ALLAHASSEE, FLORIDA

TO:

Registration Section
Division of Corporations

SUBJECT: JOE Greco's Fist Name of 1	bing Charters LLC				
The enclosed "Application by Foreign Limited Liability Comp Existence, and check are submitted to register the above refere	any for Authorization to Transact Business in Florida," Certificate of need foreign limited liability company to transact business in Florida.				
Please return all correspondence concerning this matter to the	following:				
Robert E Wa	ame of Person				
R+A Waite 7					
Fil	rm/Company				
1728 St. Huy	Address Suite 1 = =				
Glove Sville	Address 10 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Althea Hollerbeck Name of Contact Person	at (5/8) 883-3333 ext 362 Area Code Daytime Telephone Number				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount: \$\Begin{array}{c} \S125.00 \text{ Filing Fee} \Bigcup \S130.00 \text{ Filing Fee} \& \text{Certificate of Status} \end{array}\$	S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	TION 605.0902, FLORIDA STATUTES, THE I SINESS INTHE STATE OF FLORIDA:	FOLLOWING IS SUBMITTED TO REGIST	TER A FOREIGN LIMITED LIABILITY
1. Joe Gro	Limited Liability Company; must sclude "Limi	artes 120	
(Name of Foreign)	Jimited Liability Company; muse Aclude "Limi	ted Liability Company," "L.L.C.," or "LLC."	_
2 Day You	une adopted for the purpose of transacting business in F L Store inch foreign limited hability company is organized)	3. Solution 1 Steel Company (FEI num	
4	(Date first transacted business in Florida, if prior t (See sections 605 0904 & 605,0905, F.S. to deten	to registration.)	_
· 30 MT/	(See sections 605 0904 & 605.0905, F.S. to deter	nunc penalty liability) 6 30 MT M	ne Cocesoc Pl
(Street Address of P	rincipal Office)	(Mailing Add	bress)
COLLEGE T	1 1 12001		
7 Name and street addres	s of Florida registered agent: (P.O. Bo	ox NOT acceptable)	F AU F
Name:	Joe Greco		G -I
Office Address:		1) Dr. Unit 1/05	
Office Madress.	Ft Muers	, Florida <u>339</u>	
Registered agent's accept	(City)	(Zip cos	S8
Having been named as re-	gistered agent and to accept service of tion, I hereby accept the appointment	f process for the above stated limited	l liubility company at the place
to comply with the provisi	ons of all statutes relative to the proposition of my position as registered agent.	er and complete performance of my	duties, and I am familiar with
and accept the obligations	of my position aspessie to agent.		
	(Registered agent	's signature)	
8. The name, title or capa <u>Title or Capacity:</u>	ncity and address of the person(s) who have and Address:	has/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:
Member	Joe Greco	Tracal .	
	Willer, n. J. J.		
(Use attachments if necess	sary)		
9. Attached is a certificate jurisdiction under the law of the translator must be st	of existence, no more than 90 days old of which it is organized. (If the certific abmitted)	d, duly authenticated by the official hate is in a foreign language, a transla	aving custody of records in the tion of the certificate under oath
	uted in accordance with section 605.02 o the Department of State constitutes a		
	Signary	e of an authorized person	
	Joe Gre	(0	
	Typed	or printed name of signee	

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on July 23, 2018.

Brendan W. Fitzgerald
Executive Deputy Secretary of State

ARTICLES OF ORGANIZATION **OF**

Joe Greco's Fishing Charters, LLC

Under Section 203 of the Limited Liability Company Law

FIRST:

The name of the limited liability company is:

Joe Greco's Fishing Charters, LLC

SECOND: The county, within this state, in which the office of the limited liability company is to be located is SARATOGA.

THIRD:

The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

Joe Greco's Fishing Charters, LLC 30 MT McGregor Rd Wilton, NY 12831

I certify that I have read the above statements, I am authorized to sign these Articles of Organization, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.

Joe Greco, Member (signature)

Joe Greco, ORGANIZER 30 MT McGregor Rd Wilton, NY 12831

Filed by: R&A Waite, Inc. 1728 ST Hwy 29 Suite 1 Gloversville, NY 12078

FILED WITH THE NYS DEPARTMENT OF STATE ON: 07/23/2018 FILE NUMBER: 180723010351; DOS ID: 5380316

DOS-1239-f-11 (Rev. 02/12) Page 1 of 1

ONLINE FILING RECEIPT

ENTITY NAME: JOE GRECO'S FISHING CHARTERS, LLC

DOCUMENT TYPE: ARTICLES OF ORGANIZATION (DOM. LLC)

COUNTY: SARA

FILED: 07/23/2018 DURATION: ******* CASH#: 180723010351 FILE#: 180723010351

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FILER:

_ _ _ _ _ _

EXIST DATE ----- 07/23/2018

R&A WAITE, INC 1728 ST HWY 29

SUITE 1

GLOVERSVILLE, NY 12078

ADDRESS FOR PROCESS:

TOE ORDOO O PYCHTNO OURDER

JOE GRECO'S FISHING CHARTERS, LLC 30 MT MCGREGOR RD

WILTON, NY 12831

REGISTERED AGENT:

REGISTERED AGENT.



FILED

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SECRETARY OF STATE
TALLAMASSEE, FLORIDA

The limited liability company is required to file a Biennial Statement with the Department of State every two years pursuant to Limited Liability Company Law Section 301. Notification that the Biennial Statement is due will only be made via email. Please go to www.email.ebiennial.dos.ny.gov to provide an email address to receive an email notification when the Biennial Statement is due.

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