# M200000 1111

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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### **COVER LETTER**

4-1-14-5

T Subject:	Fuition Charters LLC				
Name of Limited Liability Company					
The enclosed 'Existence, and	"Application by Fore I check are submitted	eign Limited Liability Company I to register the above reference	/ for Authorizz ed foreign limi	ation to Transact Business in Florida, ted liability company to transact busi	" Certificate ness in Florid
lease return a	all correspondence co	oncerning this matter to the foll	owing:		
	Cara L. Cortes				
		Name	of Person		-
	Peterson Paletta	Balice, PLC			
		Firm/	Company		-
	267 E. Main Stro	cet, P.O. Box 4			
	···	A	ddress		-
	Ionia, Michigan	48846			
		City/State	and Zip Code		_
	CLC@ppblawyer	s.com			
		E-mail address: (to be used fo	r future annua	report notification)	_
or further inf	formation concerning	this matter, please call:			2021
Cara L. Cortes		616	527-4990	2028 JI.I. 2 I	
	Name of	f Contact Person	Area Code	Daytime Telephone Number	- 2
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	FH 12: 35	
		e following amount: le to: FLORIDA DEPARTMI	ENT OF STA	TE	
<b>=</b> s	3125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		Filing Fee & \$160.00 Filing fied Copy of Status & Co	

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

IN COMPLIANCE WITH SECTION 615,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

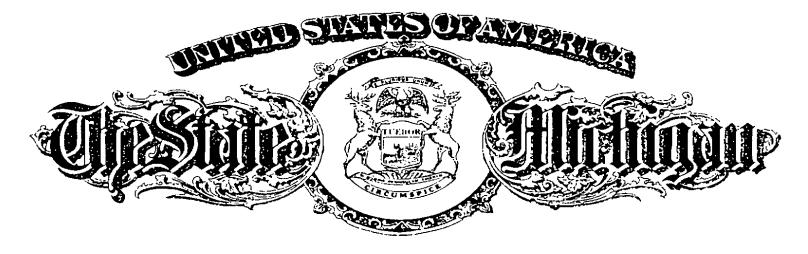
ne unavariable, enter alternate n	tame adopted for the purpose of transacting business in Flo	orida. The alternate name	must include "Limited Liability Compar	ns," "L.L.C." or "LLC	- "
lichigan		84-3243 3			
Durisdiction under the law of w	hich foreign limited liability company is organized)		(FFI munber, if applica	bier	
Not yet transacting bus	siness in the state; expected mid-Novem				
	Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration ) inc penalty hability)			
549 Powell Avenue			ell Avenue		
(Street Address of l	Principal Office)	6	(Mailing Address)		
Little Torch Key, Flori	da 33042	Little To	rch Key, Florida 33042		
				2028	•
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	: <u>NOT</u> acceptabl	e)	2	•
Name:	Carson Richhart			P1112:	
Office Address:	549 Powell Avenue			<u>သ</u> တ	
	Little Torch Key		33042 Plorida		
	(City)	, '	(Zip zode)		

egistered egent's signature)

Title or Capacity:	Name and Address:  Carson Richhart	Title or Capacity:		Name and Address e Effect Marine LLC	
Manager	Name:549 Powell Avenue Address:	☐ Manager		2 Washington Street,	
Member	Little Torch Key, Florida 33042	■ Member		en, Michigan 49417	
Authorized	Emile Fores recy, Florida 23012	☐ Authorized			
Person		Person	_		
Other	Other	Other	- <u>-</u>	Other	
Manager	Name:	Manager	Name:	<del></del> -	
Member	Address:	☐ Member	Address: _		
Authorized		Authorized			
Person		Person			
Other	Other	Other		Other 2	
					. :
Manager	Name:	Manager	Name:		,
Member	Address:	☐ Member	Address: _	<u> </u>	• .
Authorized		Authorized		12:	ر 
Person	<u> </u>	Person		 	
Other	Other	Other		Other	
ndexed individuals	Use an attachment to report more than six (6), may be added to the index when filing your		Annual Rep	ort form.	

- 10. 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.

Cara J. Cortes	
Signature of an authorized person	
Carson Richhart by attorney Cara L Cories, with permission	
Typed or opputed game of signer	



# Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

#### TUITION CHARTERS LLC

was validly authorized on September 36. 2019, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is antitled to have full faith and credit given it in every your and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 2nd day of January, 2020.

い

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau

Filed by Corporations Division Administrator Filing Number: 201992713660 Date: 09/30/2019



Form Revision Date 02/201

### ARTICLES OF ORGANIZATION

For use by DOMESTIC LIMITED LIABILITY COMPANY

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned executes the following Articles:

#### Article I

The name of the limited liability company is:

TUITION CHARTERS LLC

#### Article II

Unless the articles of organization otherwise provide, all limited liability companies formed pursuant to 1993 PA 23 have the purpose of engaging in any activity within the purposes for which a limited liability company may be formed under the Limited Liability Company Act of Michigan. You may provide a more specific purpose:

Engaging in any activity within the purposes for which a limited liability company may be formed under the Michigan Limited Liability Company Act, including but not limited to providing services involving fishing charters.

#### Article III

The duration of the limited liability company if other than perpetual is:

#### **Article IV**

The street address of the registered office of the limited liability company and the name of the resident agent at the registered office (P.O. Boxes are not acceptable):

 Agent Name: CARA L. CORTES
 Street Address: 5510 CASCADE ROAD SE Apt/Suite/Other: SUITE 220

City: GRAND RAPIDS

State: MI Zip Code: 49546

3. Registered Office Mailing Address:

P.O. Box or Street Address:

5510 CASCADE ROAD SE

Apt/Suite/Other:

SUITE 220

City:

GRAND RAPIDS

State:

GRAND

Zip Code: 49546

Signed this 26th Day of September, 2019 by the organizer(s):

Signature			Title	4.8 803	Concledent Violent Vio
Cara L. Cortes			Organizer		
	· · · · ·	·	-		

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

# MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

### FILING ENDORSEMENT

This is to Certify that the ARTICLES OF ORGANIZATION

for

**TUITION CHARTERS LLC** 

ID Number: 802367364

received by electronic transmission on September 26, 2019, is hereby endorsed.

Filed on September 30, 2019, by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 30th day of September, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau



December 12, 2019

CARA L. CORTES 267 E MAIN ST, PO BOX 4 IONIA, MI 48846

SUBJECT: TUITION CHARTERS LLC

Ref. Number: W19000107584

We have received your document for TUITION CHARTERS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 319A00025281

RECEIVED

JAN 2 1 20/0