## F24000003506

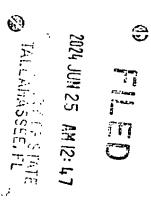
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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	Reel Adventure Charters, Inc	<b>:</b> .		
SUDJ		of corporation - r	nust include suffix	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Co icate of Existence," or "Certificate referenced foreign corporation to t	of Good Standin	g" and check are subm	
Please	return all correspondence concern	ing this matter to	the following:	
Jeffrey	McNew			
		Name of Per	son	
	<u> </u>	Firm/Compa	ny	
177 Ea	st Shore Rd	·		
		Address		
Monro	e, LA 71203			
		City/State and	Zip code	,
jeffmer	new@nelautilities.com			
	E-mail addres	s: (to be used for	future annual report not	tification)
For fur	ther information concerning this n	natter, please call	:	
Williar	lliam Kirtland 225 938-0335 at ()			
	Name of Person	Area Code	Daytime Telepho	one Number
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 819 Tallahassee, FL 32303		MAILING AD Registration Sec Division of Con P.O. Box 6327 Tallahassee, FL	ction porations
Please 1	ed is a check for the following am nake check payable to: FLORIDA D .00 Filing Fee	EPARTMENT O	F STATE 78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATED	O," "COMPANY," "CORPORATION	···
"Inc.," "Co.," "Co	orp." "Inc," "Co," or "Corp.")		
Reel Adventure	Fishing Corporation		
(If name unavaila	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting	business in Florida)
Louisiana	3	99-1343174	
	y under the law of which it is incorporated)	(FEI number, if app	olicable)
02/15/2024	5	Perpetual	
	of incorporation)	(Date of duration, if other th	nan perpetual)
		in Florida, if prior to registration)	- A
0405 Culf Roach	(SEE SECTIONS 607.1301 & 607. Hwy, Pensacola, FL 32507	1502, F.S., to determine penalty liability	y)
——————————————————————————————————————			
177 East Shara S	Principal of Rd. Monroe, LA 71203	ffice street address)	
- Last Shore i		ing address, if different)	<del></del>
	(Current man	ing address, it direction)	
Name and stree	et address of Florida registered agent: (P.	O Box NOT accentable)	_
	Northwest Registered Agent LLC	.o. tota <u>ito i</u> deceptable)	<b>6</b>
Name:		····	
ffice Address:	7901 4th St. N, STE 300		
	St. Petersburg	, Florida	2024 JUN 25 AM 12: 4
	(City)	(Zip code)	SS: 3
Davistand and			C. 73
	ent's acceptance: ed as registered agent and to accept serv	vice of process for the above stated	
esignated in this	application, I hereby accept the appoint	tment as registered agent and agree	e to act in this capacity.
	omply with the provisions of all statutes		e performance of my do
ra i am jamiliar	with and accept the obligations of my p	osition as registerea agent.	
	- 11		
/	Toplar Neum		
<del>,</del>	(Registered agent's	signature)	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS						
Chairman	Jeffrey McNew Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
■Director	Monroe, Louisiana 71203	□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary	■Treasurer			
□Other	Other	□Other	Other			
□Chairman	Name:	□Chairman □Vice Chairman	Name:			
□ Director		□ Director				
□President		□President	<del></del>			
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	Other	□Other	Other			
□Chairman	Name:	□Chairman	Name:Address:			
□Director		Director				
□President		□President				
		□Vice President	<del></del>			
			_			
□Secretary _	□Treasurer _	☐ Secretary	□Treasurer _			
□Other	Other	□Other	Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  12. Signature of Director or Officer						

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Jeffrey McNew, Director



As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Incorporation of

## **REEL ADVENTURE CHARTERS, INC.**

Domiciled at MONROE, LOUISIANA,

Was filed in this Office and a Certificate of Incorporation was issued on February 15, 2024.

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

June 19, 2024

Janey Jandry
Secretary of State

Web 45809701D



Certificate ID: 11897991#YBR93

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov