

2/9/25, 8:01 PM

Division of Corporations

L25000058697

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CAPITAL PRO SERVICES, LLC
Account Number : I20220000008
Phone : (772)249-5273
Fax Number : (772)264-6100

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: reelninja@fishing@yahoo.com

FLORIDA LIMITED LIABILITY CO.

Reel Ninja Fishing Charter, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

Help



February 11, 2025

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITAL PRO SERVICES, LLC

SUBJECT: REEL NINJA FISHING CHARTER, LLC
REF: W25000017442

We have received your document for REEL NINJA FISHING CHARTER, LLC .
However, the enclosed document has not been filed and is being returned to
you for the following reason(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be
signed by one person acting as an authorized representative.

The registered agent designated must be an active Florida entity or a
foreign entity authorized to transact business in Florida. Please correct
the document.

The name of the registered agent must be provided as it is displayed in
our records. All spaces, words, letters, and punctuations must be included.

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) 245-6052.

Monique K Anderson
Regulatory Specialist II

FAX Aud. #: H25000049969
Letter Number: 425A00002893

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Reel Ninja Fishing Charter, 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:1999 SE Oldsmar DrPort Saint Lucie FL 34952Mailing Address:1999 SE Oldsmar DrPort Saint Lucie FL 34952

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CAPITAL PRO SERVICES LLC

Name

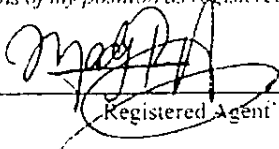
1972 SW CAMEO BLVDFlorida street address (P.O. Box **NOT** acceptable)PORT ST LUCIEFL34953

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.



 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Taylor Dover
1999 SE Oldsmar Dr
Port Saint Lucie FL 34952

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Taylor Dover | MGR

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.

Taylor Dover

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)

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