(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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05/29/07--01049--003 **130.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PADDLE CREEK OUTFITTERS LLC. (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
John SocHA
(Name of Person)
(Firm/Company)
3444 MARINATOWN LANE, SUFTE
N. FT. MYERS FL 33903
(City/State and Zip Code)
For further information concerning this matter, please call:
John Socha at (Z39) 8Z3-77Z 6 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \$\subseteq \text{\$\subseteq \seteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \seteq \text{\$\subseteq \seteq \text{\$\subseteq \text{\$\subseteq \seteq \se
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTaliahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
John Socha	N. PT MYERS FL 33903
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	
Florida stro N PT MYERS	ATOWN LANE Det address (P.O. Box NOT acceptable) FL 33903 State, and Zip
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and complete.	and to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of a etc performance of my duties, and I am familiar with and a registered agent as provided for in Chapter 608, F.S Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manag "MGRM" = Man		Name and Address:	
MGR		JOHN SOCHA 3444 MARINATOWN LA NET MYERS FL	<u> 118</u> Sui 7 33903
			
	if necessary)		
(Use attachment	ii necessary)		
CLE V: Effective effective date is lis	date, if other than the dat sted, the date must be sp ate of filing.)	e of filing: (0	OPTIONAL) siness days pr
ICLE V: Effective effective date is lis 90 days after the da	date, if other than the dated, the date must be spate of filing.) GNATURE:	ecific and cannot be more than five but	OPTIONAL) siness days pr
ICLE V: Effective effective date is lis 90 days after the da	date, if other than the dated, the date must be spate of filing.) GNATURE: Signature of a member or (In accordance with section	an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution an affirmation under the penaltics of perjury	OPTIONAL) siness days pr

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)