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(Re	questor's Name)	
(Ad	dress)	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status

Special Instructions to Filing Officer:

A. LUNT

JUL 24 2011

EXAMINER

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COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: Shark Fo	ever Outfitters		
SUBJECT.		d Liability Company	
The enclosed Articles of Org	renization and fee(s) are s	uhmitted for filing	
		_	
Please return all corresponde	ence concerning this matte	er to the following:	
Devin Kanhai & Christopher Licht		74 SE	
	ì	Name of Person	
Shark Feve	r Outfitters		JUL 23 PH A
	• .	Firm/Company	Fig. 3
1752 Sawgr	ass Circle		FLOT
		Address	ga b
Greenacres, F	FL 33413		
10-44	City	State and Zip Code	
	tters@gmail.com		
		r future annual report notificat	on)
For further information conc	erning this matter, please	call:	
Devin Kanhai & Chr	istopher Licht	at (561) 281-9	138 & 561-632-0663
Name of Pe		Area Code & Daytime	
Enclosed is a check for the	e following amount:		
-	30.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclose	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P.	lailing Address egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	nter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:**

business entity with an active Florida registration.)

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

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

Florida street address (P.O. Box NOT accable)

Creen acres FL 33413

City, State, and 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 608, F.S..

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
Mar	Devin Kunnai 1752 Sawarass Circles Careenactes FL 3413
MGR	Christopher Lies 345 Jennings Ave 3 5 Greenacre, Fl 33ge 3 M
 	STATE STATE
	
(Use attachment if necessary)	
	an the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Vin Kanhai / Christopher Licht
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)