

# L020000016779

Requestor's Name  
315 S. Calhoun Street - Suite 308  
Address  
Tallahassee, FL 32301 224-5596  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. TWISTED BAIT & TACKLE, L.L.C. (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. 6021900042076 (Corporation Name) (Document #) **BK**

- ☒ Walk in ☒ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of State

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

200006192292--6  
-07/03/02--01021--002  
\*\*\*\*125.00 \*\*\*\*125.00

*CALL when  
Ready  
224-5596  
Jenna*

Examiner's Initials

**ARTICLES OF ORGANIZATION**  
**OF**  
**TWISTED BAIT & TACKLE, L.L.C.**

---

**FILED**  
**02 JUL -3 PM 1:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

The undersigned hereby files these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE I**  
**Name and Address**

The name of this limited liability company shall be **TWISTED BAIT & TACKLE, LLC**. The address of its initial principal office is 220 John Knox Road, Suite 4, Tallahassee, Florida 32303, and its initial mailing address is Post Office Box 4063, Tallahassee, Florida 32315. The office address and mailing address may be changed from time to time at the discretion of this limited liability company, or as otherwise provided by Florida law.

**ARTICLE II**  
**Term of Existence**

This limited liability company shall exist perpetually unless dissolved according to law and shall commence upon the filing of these Articles of Organization by the Department of State of the State of Florida.

ARTICLE III  
Purpose

This limited liability company may engage or transact in any and all law activity or business permitted under the laws of the United States and the State of Florida.

FILED  
02 JUL -3 AM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE IV  
Powers

This limited liability company shall have the powers provided by Florida law.

ARTICLE V  
Initial Registered Office and Registered Agent

The street address of the initial Registered Office of this limited liability company in the State of Florida shall be 220 John Knox Road, Suite 4, Tallahassee, Florida 32303. The name of the initial Registered Agent of this limited liability company at the above address is J. PERRY ERWIN, III.

ARTICLE VI  
Number of Members

This limited liability company shall have one or more members. The number of members may be changed from time to time in accordance with and in the manner provided by Florida law.

ARTICLE VII  
Initial Member

The initial member of this limited liability company is J. PERRY ERWIN, III.

ARTICLE VIII  
Management

This limited liability company is to be managed by its members and is, therefore,  
a member-managed limited liability company.

ARTICLE IX  
Amendment

These Articles of Organization may be amended in any manner now or hereafter  
provided for by law, and all rights conferred hereunder are granted subject to this reservation.

IN WITNESS WHEREOF, the undersigned, being the original subscribing  
member to the foregoing Articles of Organization, has executed these Articles of Organization  
this 1<sup>st</sup> day of July, 2002.

  
\_\_\_\_\_  
J. PERRY ERWIN, III  
Member

STATE OF FLORIDA  
COUNTY OF LEON

Before me personally appeared J. PERRY ERWIN, III, who [check one]: ☒ is  
personally known to me [or] ☐ produced \_\_\_\_\_ as

FILED  
02 JUL -3 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

identification, who executed the foregoing Articles of Organization and who acknowledged to and before me that he executed the same for the purposes therein expressed.

WITNESS my hand and official seal this 15<sup>th</sup> day of July, 2002, in the County and State aforesaid.

  
\_\_\_\_\_  
Notary Public, State of Florida

Notary's Stamp:

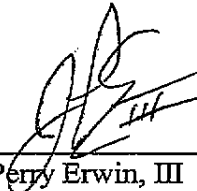


FILED  
02 JUL -3 AM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ACCEPTANCE OF  
APPOINTMENT AS REGISTERED AGENT**

Having been named as Registered Agent for **TWISTED BAIT & TACKLE, L.L.C.** at the designated Registered Office, the undersigned hereby accepts said appointment, agrees to act in said capacity, and certifies that he is familiar with and agrees to comply with the provisions of Chapter 608, Florida Statutes, relative to the proper and complete performance of his duties.

DATED this 1<sup>st</sup> day of July, 2002.

  
\_\_\_\_\_  
J. Perry Erwin, III  
Registered Agent

**FILED**  
02 JUL -3 AM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**  
02 JUL -3 AM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA