L030000/2114

(Requestor's Name)
(Address)
(Address)
Ç.a 22,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300014545343

U4/U3/U3-<u>-</u>01028--011 **160.00

L03-12114 Col 41-03

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Subject: Twin Rivers Outfitters, L.L.C.

The registration filing fee of \$160.00, the original and one copy of the articles of organization are enclosed. A effective date of April 1, 2003 is being requested. If you have any questions or concerns, please contact Jim Wagner at:

Twin Rivers Outfitters, L.L.C. 4718 NE Bellville Road Pinetta FL 32350 (850) 929-4044

Thank you for your consideration regarding this matter.

Katherine J. abdella

Sincerely,

Katherine J. Abdella

Manager

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Twin RIVERS OUTFITTERS, L.L.C.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
4718 NE. BELLUILLE ROAD PINETTA FL 32350
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: RATHERINE J. ABDELLA Name Name
The name and the Florida street address of the registered agent are:
KATHERINE J. ABDELLA
18261 NW 1415T AVE
Florida street address (P.O. Box NOT acceptable) WILLISTON FL 32696
City, State, and Zip
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 Registered Agent's Signature Article IV - Management (Check box if applicable.)
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
ARTICLE Y THE EFFECTIVE DATE FOR This Limited Liability Shall BE APRIL 1, 2003
(An additional article must be added if an effective date is requested) 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.)
TAMES W. WAGNER Typed or printed name of signee
Filing Fees:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)