

L 03000031796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

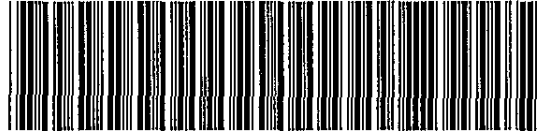
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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01068 016  
08/25/03--01068--016 \*\$130.00

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STATE DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

FILED  
03 AUG 25 PM 3:12  
STATE DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

**ATTORNEYS' TITLE**

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

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

1- TARPON ANGLERS CLUB, LLC.

2-

3-

4-

FILED  
 AUG 25 PM 3 12  
 TALLAHASSEE, FLORIDA  
 SECRETARY OF STATE

Walk-in

Pick-up time ASAP

Certified Copy

Mail-out

Will wait

Photocopy

Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input type="checkbox"/>            | Profit            |
| <input type="checkbox"/>            | Non-Profit        |
| <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               |

Examiner's Initials

ARTICLES OF ORGANIZATION OF  
TARPON ANGLERS CLUB, LLC  
LIMITED LIABILITY COMPANY

ARTICLE I — Name

The name of the Limited Liability Company is TARPON ANGLERS CLUB, LLC.

ARTICLE II — Address

The mailing address and street address of the principal office of the Limited Liability Company is 1189 Tamiami Trail, Port Charlotte, Florida 33953.


ARTICLE III — Registered Agent & Registered Office

The name and street address of the registered agent of the Company is Gary Ingman, 1189 Tamiami Trail, Port Charlotte, Florida 33953.

ARTICLE IV — Management


The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 21<sup>st</sup> day of August, 2003.

  
\_\_\_\_\_  
Gary Ingman  
Member

STATE OF FLORIDA            )  
  ) ss.  
COUNTY OF CHARLOTTE    )

The foregoing instrument was sworn to and acknowledged before me this 21<sup>st</sup> day of August, 2003, by GARY INGMAN, as Member of Tarpon Anglers Club, LLC, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did take an oath.

  
\_\_\_\_\_  
Notary Public, State of Florida  
My Commission Expires:

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03 AUG 23 2003 PM 3 12  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ACCEPTANCE OF REGISTERED AGENT**

The undersigned, being the person named in the Articles of Organization of **TARPON ANGLERS CLUB, LLC**, as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated Company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and is familiar with and accepts the obligations of the position of registered agent.

DATED this 21<sup>st</sup> day of August, 2003.

  
\_\_\_\_\_  
Gary Ingman

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