

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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RECEIVED
03 AUG 25 PM 12:49
STATE
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

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

BR

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-

☒ 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

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AUG 25 PM 3:12
TALLAHASSEE, FLORIDA

**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.

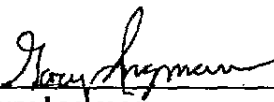
ARTICLE III — Registered Agent & Registered Office

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.

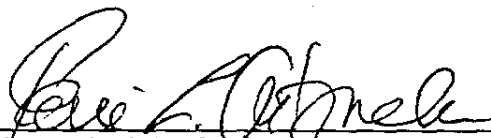
IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 21st day of August, 2003.



Gary Ingman
Member

STATE OF FLORIDA)
) ss.
COUNTY OF CHARLOTTE)

The foregoing instrument was sworn to and acknowledged before me this 21st 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:



Rene L. Arbuckle
MY COMMISSION # DD094022 EXPIRES
February 20, 2006
BONDED THRU TROY FAIN INSURANCE, INC.

FILED
03 AUG 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 21st day of August, 2003.



Gary Ingman

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