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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(C)	ty/State/Zip/Phone #)
PICK-UP	TIAW [MAIL
(Bt	usiness Entity Name	
(Do	ocument Number)	
Certified Copies	_ Certificates o	Status
Special Instructions to	Filing Officer:	
		11/1/2
		1,418
	Office Use Only	CVI)



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TRANSMITTAL LETTER

TO:

Registration Section Division of Corporations

STREET ADDRESS:

Division of Corporations

Tallahassee, Florida 32399

Registration Section

409 E. Gaines Street

SUBJEC [*]	T: CAPT BIG PAVE (Name of Limi	LLC ted Liability Comp	pany)	
	sed Articles of Organization and fe-		· ·	
David	Sheffield (Name of Person)			ÄLL,
CAPT	BIG DAVE LLC (Firm/Company)			HASSEE F
6099	Overseas Hwy Lot 9	IÉ		EE.FLORIDA
	Hon FL 33050 (City/State and Zip Code)			
For further	r information concerning this matter	r, please call:		
David	Sheffield (Name of Person)	at (305) (Area Code	743-0840 & Daytime Telephone N	Jumber)

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	OT BIG DAVE LLC
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limifed Liability Company is:
Principal Office Address:	Mailing Address:
6099 Overseas HWY LOT 91E Marathun FL 33050	6099 Overseas Huy Lot 91E Marathan FL 33050
ARTICLE III - Registered Agent, Registered Office,	& Registered Agent's Signature:
The name and the Florida street address of the registered	d agent are:
David Sheffield Name 6099 Overseas Hwy C Florida street address (P.O. Box NO	OT acceptable)
MARATON FL City, State, and Zip	33050
Having been named as registered agent and to accept ser liability company at the place designated in this certificat registered agent and agree to act in this capacity. I furth statutes relating to the proper and complete performance accept the obligations of my position as registered agent Registered Agent's Signature.	te, I hereby accept the appointment as er agree to comply with the provisions of all of my duties, and I am familiar with and 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:

B	- 17-11-15 Ing 1-14-11-41 to the total Her		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	David Sheffield 6099 Overseas Huy Lot 91E Marathan FL 33050		
mgrm	Bottomline Fishing INC 957 Roufe 33 Suite 333 Hamilton NJ 08690		
		The s	
(Use attachment if necessary)		03 MOV 12	77
NOTE: An additional article must be a	added if an effective date is requested.		
REQUIRED SIGNATURE: Signature of a member of	r an authorized representative of a member.	1:37	

(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.)

David Sheffield
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)