

**L04000003151**

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TALLAHASSEE, FLORIDA

*1/13/04*  
*[Signature]*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 5, 2004

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

re: Sammy Outlaw L.L.C.  
Articles of Organization for  
Florida Limited Liability Co.

Dear Sirs:

Please find enclosed the Articles of Organization for Sammy Outlaw L.L.C.

If you need any further information please feel free to contact me at the number and address listed below.

I have enclosed a check payable to Florida Dept. of State in the amount of \$155.00. This is to cover the filing fee, Designation of Registered Agent and a certified copy of the articles.

Sincerely,



Sammy H. Outlaw  
Sammy Outlaw L.L.C.  
1825 Smugglers Cove Dr. E  
Gulf Breeze, FL 32563  
\*850-939-1297

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sammy Outlaw L.L.C.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sammy H. Outlaw  
(Name of Person)

Sammy Outlaw L.L.C.  
(Firm/Company)

1825 Smugglers Cove Dr. East  
(Address)

Gulf Breeze, FL 32563  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sammy H. Outlaw at ( 850 ) 939-1297  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sammy Outlaw L.L.C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1825 Smugglers Cove Dr. E

Gulf Breeze, FL 32563

**Mailing Address:**

1825 Smugglers Cove Dr. E

Gulf Breeze, FL 32563

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**  
The name and the Florida street address of the registered agent are:

Sammy H. Outlaw  
Name

1825 Smugglers Cove Dr. E  
Florida street address (P.O. Box **NOT** acceptable)

Gulf Breeze FLORIDA 32563  
City, State, and Zip

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TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

\_\_\_\_\_  
"MGR"

\_\_\_\_\_  
Sammy H. Outlaw

\_\_\_\_\_  
1825 Smugglers Cove Dr. E

\_\_\_\_\_  
Gulf Breeze, FL 32563

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(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

\_\_\_\_\_  
*Sammy H. Outlaw*  
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.)

\_\_\_\_\_  
Sammy H. Outlaw  
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)