

W4000055955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status 1

Special Instructions to Filing Officer:

7/26 FLIC

WS

Office Use Only



000039472070

07/26/04--01027--018 \*\*130.00

FILED  
04 JUL 26 PM 4:33  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ATLANTIC SURFSPORTS, LLC  
(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:

Chuck Pifer  
(Name of Person)

ATLANTIC SURFSPORTS, LLC  
(Firm/Company)

250 PARKVIEW DRIVE  
(Address)

PALM COAST, FL. 32164  
(City/State and Zip Code)

For further information concerning this matter, please call:

Chuck Pifer at ( 321 ) 267-3466  
(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:

ATLANTIC SURFSPORTS, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

350 N. WASHINGTON AVENUE

SUITE A & B

TITUSVILLE, FLORIDA 32796

**Mailing Address:**

SAME

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

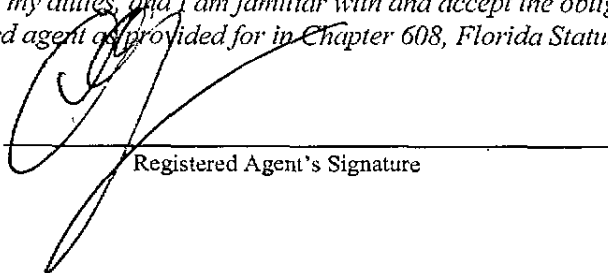
CHUCK PIER  
Name

250 PARKVIEW DRIVE  
Florida street address (P.O. Box NOT acceptable)

PALM COAST, FLORIDA 32164  
City, State, and Zip

04 JUL 26 PM 4:33  
FILED  
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:**

MGRM

Debbie Hansen  
20 PARKVIEW DRIVE  
DADE CITY PALM COAST, FL 32164

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Debbie Hansen

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.)

Debbie Hansen

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) ✓