

LO5000030723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

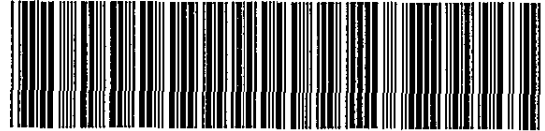
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



300048855773

03/29/05--01053--008 **155.00

RECEIVED
05 MAR 29 PM 1:11
TALLAHASSEE, FLORIDA
FILED
05 MAR 29 PM 3:19
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

850-222-2785

City/St/Zip

Phone #

FILED
05 MAR 29 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1- OUTDOOR ADVENTURES, 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

ARTICLES OF ORGANIZATION
OF
OUTDOOR ADVENTURES, LLC
A FLORIDA LIMITED LIABILITY COMPANY

FILED
03 MAR 29 PM 3:19
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE I - Name

The name of the Limited Liability Company is OUTDOOR ADVENTURES, LLC.

ARTICLE II - Purpose of Company

The purpose of the Company is to engage in any lawful activity or lawful act for which limited liability companies may be organized.

ARTICLE III - Address

The mailing address and street address of the principal office of the Limited Liability Company is 606 Pinar Drive, Orlando, Florida 32825.

ARTICLE IV - Duration

The period of duration for the Limited Liability Company shall be perpetual.

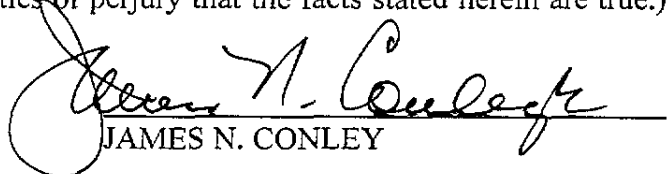
ARTICLE V - Registered Agent

The registered office of this company shall be located at 304 E. Colonial Drive, Orlando, Florida 32801. The registered agent of this company at this address shall be John W. Rodgers.

ARTICLE VI - Management

The company shall be managed by a member and the name and address of the managing member is: James N. Conley, 606 Pinar Drive, Orlando, Florida 32825.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


JAMES N. CONLEY

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Outdoor Adventures, LLC.
2. The name and address of the registered agent and office is John W. Rodgers, 304 E. Colonial Drive, Orlando, Florida 32801.

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.


JOHN W. RODGERS

Date: March 24, 2005