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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	<del>&gt;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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### TRANSMITTAL LETTER

Division of Cor	porations				
SUBJECT: BOATS B	AIT & TACKLE OF MATLA	CHA, LLC			
		d Liability Company)	<del></del>		
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.			
Please return all correspo	ondence concerning this matte	er to the following:			
ERICH K	UEHNERT	-			
	1)	Vame of Person)	<del></del>		
BOATS BAIT & TAC	KLE OF MATLACHA, LLC				
	a	Firm/Company)			
4530 PINE I	SI AND PD				
4550 FIRE I	SLAND ND	(Address)	- Maryor -	-	
			<b>第</b>	¥S OB	<b>!</b>
MATL	ACHA, FL 39993		-	SECRETARY FALLAHASS	
		State and Zip Code)	<del></del> ·	HAS	
				EY OF	¹ [ - ⊊*¶
For further information of	concerning this matter, please	call:			
ERICH KUEHNERT		at ( 239 ) 283-9115		STATE	 
(Name	of Person)	(Area Code & Daytime	l'elephone Number	) <del>&gt;</del>	•
Englaced is a check to	r the following amount:		<b>≜</b> • .		
	-				
<b>☑</b> \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Certificate of Certified C (additional cop	of Status &	

TO:

Registration Section

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:				
BOATS BAIT & TACKLE OF MATLACHA, LLC	<del></del>			
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
4530 PINE ISLAND RD MATLACHA, FL 39993	4530 PINE ISLAND RD MATLACHA, FL 39993			
ARTICLE III - Registered Agent, Registered				
The name and the Florida street address of the r	egistered agent are:			
ERICH KUEHNERT	ALL SE			
Name	Arc			
4530 PINE ISLAND RD	ASE TO			
Florida street add	dress (P.O. Box NOT acceptable)			
MATLACHA, FL 39993	FL PL			
City, State,	and Zip			
liability company at the place designated in tregistered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above taled limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all exformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S			

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ERICH KUEHNERT
	4530 PINE ISLAND RD
	MATLACHA, FL 39993
	·
<u> </u>	AS O
(Use attachment if necessary)	CRETA LAHA
NOTE: An additional article mus	st be added if an effective date is requested.
REQUIRED SIGNATURE:	F SIM
REQUIRED SIGNATURE:	Ne Fig. =
(hij	Ne Fig. =
Signature of a memb	ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)