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(Requestor's Name)				
(Address)				
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(Ci	ty/State/Zip/Phone	<u></u>		
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(Bu	isiness Entity Nam	ne)		
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Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE
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## TRANSMITTAL LETTER

	tration Second						
SUBJECT: _		Outcast Live (Name of Limited		oany)			
The enclosed A	Articles of	Organization and fee(s) are su	ubmitted for filin	ıg.			
Please return a	ll correspo	ondence concerning this matte	r to the followin	g:			
		Elizabeth E.	Schunk				
_		1)	Name of Person)			<u>.</u>	
		Outonat Tiro I	D-:+ TTA				
		Outcast Live I	Firm/Company)		·		_
		2510 NE 15 Terr	(Address)			, 	
		Pompano Beach,	FL 33064		Brown	SE	O 51
For further infe	ormation o	concerning this matter, please	call:			AHASSE	05 JUN 24
Elizabei	(Name	of Person)	at ( 954 (Area Co	941 – 7 de & Daytime To	elephone Numb	RIDA	PH 1: 18
		r the following amount:					_
<b>X</b> \$125.00 Fil	ing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Certified Co	ру	S160.0 Certificate Certified (additional c	of Status Copy	&
	Regist Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Outcast Live Bait LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
Pompano Beach, FL 33064 Pompano Beach, FL 33064
·····································
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Elizabeth E. Schunk
Name AR S
2510 NE 15 Terrace
Florida street address (P.O. Box NOT acceptable)
Pompano Beach FL 33064 City, State, and Zip
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 al 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, F.S
Registered Agent's Signature

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Elizabeth E. Schunk
——————————————————————————————————————	2510 NE 15 Terrace
	Pompano Beach, FL 33064
	<del></del>
<del></del>	
(Use attachment if necessary)	added if an effective date is requested at
NOTE: An additional article must be	maded if all chieffic date is requested.
REQUIRED SIGNATURE:	OF STI
Healuth	Eschurk 5 5
Signature of a member or	an authorized representative of a member.
	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)
<u>Elizabeth</u> Typed	or printed name of signee

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)