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(Requestor's Name)

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(City/State/Zip/Phone #)

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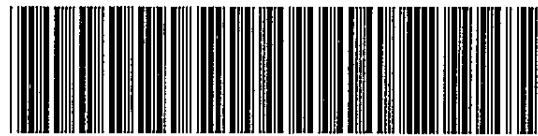
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\_\_\_\_\_  
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LLB OUTDOOR CONCEPTS, 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:

RICHARD LEE BARRETT

(Name of Person)

BARRETT, CHAPMAN & RUTA, P.A.

(Firm/Company)

18 WALL STREET

(Address)

ORLANDO, FLORIDA 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD LEE BARRETT

(Name of Person)

at (407) 839-6227

(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:

LLB OUTDOOR CONCEPTS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

5950 HESTER AVENUE

SANFORD, FLORIDA 32773

**Mailing Address:**

5950 HESTER AVENUE

SANFORD, FLORIDA 32773

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

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

RICHARD LEE BARRETT

Name

18 WALL STREET

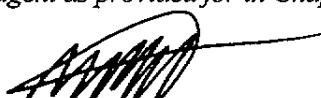
Florida street address (P.O. Box NOT acceptable)

ORLANDO

FLORIDA 32801

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 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

MGR

**Name and Address:**

LOU BANKA

5950 HESTER AVENUE

SANFORD, FLORIDA 32773

(Use attachment if necessary)

**ARTICLE V-Effective Date:** Pursuant to Fla. Stat. §608.409(1), the effective date of the limited liability company's existence is five (5) business days prior to the filing of these Articles of Organization with the State of Florida.



**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.)

RICHARD LEE BARRETT

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)**