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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA/FOREIGN LIMITED LIABILITY CO.

WS SPORTFISHING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED

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DIVISION OF CORPORATIONS

STATE
TALLAHASSEE FLORIDA

06 JAN 20 AM 9:15

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**ARTICLES OF ORGINATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:
WS SPORTFISHING, LLC

ARTICLE II - Address:

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

Principle Office Address:

Mailing Address:

11350 SE 54TH AVE

PO BOX 1432

SUMMERFIELD, FL 34492

BELLEVIEW, FL 34420

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

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

WARREN SELLERS

Name

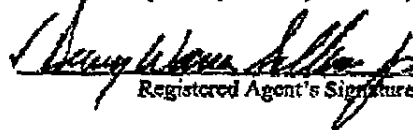
11350 SE 54TH AVE

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

SUMMERFIELD, FL 34492

City, State, and Zip

Having been named as registered agent and to accept service of process for 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

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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:

MGR

WARREN SELLERS (Mailing Address)

PO BOX 1452

BELLEVUE, FL 34492

M

Physical Address:

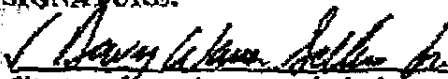
11350 SE 54 AVE

Summerfield FL 34492

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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 penalties of perjury that the facts stated herein are true.)

WARREN SELLERS

Typed or printed name of signer

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