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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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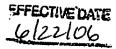
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SECRETARY OF STATE

M. C. Mark Mr. 2 8 2006

COVER LETTER

TO:	Registration Sec Division of Cor				
SURJE	ECT: Action	Angler, LLC			
			d Liability Compa	ny)	
The en	closed Articles of	Organization and fee(s) are so	ubmitted for filing	5 .	
Please	return all correspo	ondence concerning this matte	r to the following	:	
	Daniel Wi	lliamson			
		O	Name of Person)		
	Action An	gler, LLC, DBA S	portfishing	9	
		(Firm/Company)		
	1344 Illin	ois Dr.			
			(Address)		
	Naples, F	FL 34103		<u></u>	
	· ·	(City	State and Zip Code)	
For fur	ther information o	concerning this matter, please	call:		
Ashl	ey William	son	at (239	825-55	31
	(Name	of Person)	at (239)	e & Daytime T	elephone Number)
Enclos	sed is a check fo	r the following amount:			
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	y.	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporation uilding	ns



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:							
The name of the Limited Liability Company is:							
Action Angler, LLC							
(Must end with the words "Limited Liability Company, "Lim	nited Company" or their abbreviation "LLC," o	r "L.C.,")					
ARTICLE II - Address:							
The mailing address and street address of the	principal office of the Limited Liab	oility Company is:					
Principal Office Address:	Mailing Address:						
1344 Illinois Dr.	1344 Illinois Dr.						
Naples, FL 34103	Naples, FL 34103						
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	gistered Agent. You must designate an individu						
Daniel Williamson		71L 27					
Nam	ne e	PH PH					
1344 Illinois Dr. Florida street a	address (P.O. Box NOT acceptable)	H L: 0					
Naples, FL 34103	FL	DA.					
City, State	e, 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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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 "MGRM" = Managing Member	Name and Address:			
MGR	Daniel Williamson 1344 Illinois Dr. Naples, FL 34103			
		· · · · · · · · · · · · · · · · · · ·		
				
	the date of filing: June 22, 2006 . (est be specific and cannot be more than five but			
REQUIRED SIGNATURE:				
De	e Will	SEC	80	
(In accordance with of this document of	mber or an authorized representative of a member. h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ted herein are true.)	RETAKT OF AHASSEE,	JUN 27 PI	FILED
Daniel Williams	Son Typed or printed name of signee	F STAT	PM 4: 0	U

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)