

106000 106063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

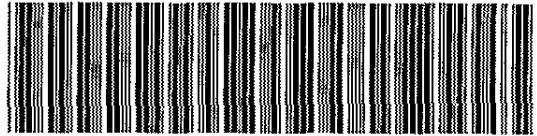
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Outlaw Customs, LLC

Signature _____

Requested by: WC

Name

Date 10/1

Time 11:00

Walk-In _____

Will Pick Up _____

_____ Art of Inc. File _____
_____ LTD Partnership File _____
_____ Foreign Corp. File _____
✓ _____ L.C. File _____
_____ Fictitious Name File _____
_____ Trade/Service Mark _____
_____ Merger File _____
_____ Art. of Amend. File _____
_____ RA Resignation _____
_____ Dissolution / Withdrawal _____
_____ Annual Report / Reinstatement _____
✓ _____ Cert. Copy _____
_____ Photo Copy _____
_____ Certificate of Good Standing _____
_____ Certificate of Status _____
_____ Certificate of Fictitious Name _____
_____ Corp Record Search _____
_____ Officer Search _____
_____ Fictitious Search _____
_____ Fictitious Owner Search _____
_____ Vehicle Search _____
_____ Driving Record _____
_____ UCC 1 or 3 File _____
_____ UCC 11 Search _____
_____ UCC 11 Retrieval _____
_____ Courier _____

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ARTICLES OF ORGANIZATION
FOR
OUTLAW CUSTOMS, LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

OUTLAW CUSTOMS, LLC

ARTICLE II- Address

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

Principal Office Address: 1012 Ruth Avenue
Lakeland, FL

Mailing Address: 1012 Ruth Avenue
Lakeland, FL

ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature:

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

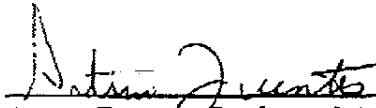
Arturo Fuentes
13860 E. US Hwy 92
Dover, FL 33527

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.

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TALLAHASSEE, FLORIDA

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Arturo Fuentes, Registered Agent

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

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

Title:	Name and Address
Manager	Arturo Fuentes 13860 E. US Hwy 92 Dover, FL 33527
Assistant Manager	Maribelle Fuentes 13860 E. US Hwy 92 Dover, FL 33527

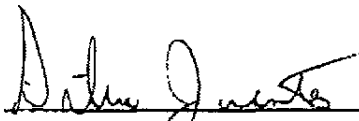
ARTICLE V

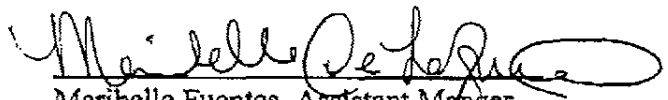
Effective date, is the date of filing.

(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.

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REQUIRED SIGNATURE:


Arturo Fuentes, Manager


Maribelle Fuentes, Assistant Manager