

L08000016233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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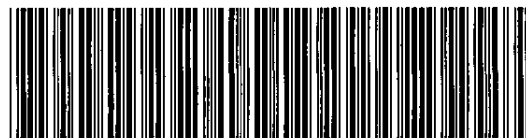
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 13 PM 2:12

T. HAMPTON

FEB 14 2008

EXAMINER

108-6351

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 4REEL FISHING AND CAMPING SUPPLIES L.L.C.

(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:

JOHN M PHELPS

(Name of Person)

(Firm/Company)

1808 PINE ST

(Address)

VALRICO, FL 33594

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN PHELPS

(Name of Person)

at (**813**)

267-3781 OR 813-433-8787

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 FEB 13 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 6, 2008

JOHN M PHELPS
1808 PINE ST
VALRICO, FL 33594

SUBJECT: 4REEL FISHING AND CAMPING SUPPLIES
Ref. Number: W08000006359

We have received your document for 4REEL FISHING AND CAMPING SUPPLIES and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Effective July 1, 2007, the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 408A00007824

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

4Reel Fishing And Camping Supplies LLC,
(Must end with the words "Limited Liability Company," the abbreviation "L.L.C." or the designation "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

107 Orchid Grove Lane
Dover, FL 33527

Mailing Address:

1808 Pine St
VALRICO, FL 33594

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

John M Phelps MGRM
1808 Pine St
Name
Florida street address (P.O. Box **NOT** acceptable)
VALRICO FL 33594
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, F.S.

John M. Phelps
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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:

President

John M. Phelps
1808 Pine St
Valrico, FL 33594

Vice President

Cheryl Phelps
1808 Pine St
Valrico FL 33594

Vice President

Sue Schauer
505 6th St
Valrico FL, 33594

Treasurer/Secretary

BriHany McGowan
107 Orchid Grove Lane
Dover, FL 33527
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Cheryl Phelps
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.)

Cheryl Phelps
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)