## 08000030059

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	<del></del>
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE BIVISION OF CORPORATIONS

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J. BRYAN

MAR 2 5 2008

**EXAMINER** 

## **COVER LETTER**

Divisio	n of Corporations
SUBJECT:	BILLS BAIT of TACKLE LLE  (Name of Limited Liability Company)
	(Name of Limited Liability Company)
The enclosed Ar	ticles of Organization and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	RICHARD THAM 55 (Name of Person)
**************************************	BILLS BAIT & TACICLE LLE (Fim/Company)
	9806 E HWY 92  (Address)  TAMPA FL 33610  (City/State and Zip Code)
	(City/State and Zip Code)
For further infon	nation concerning this matter, picase call:
RICHA	(Name of Person)  All (S13) 621-4237  (Area Code & Daytime Telephone Number)
	neck for the following amount:
\$125.00 Filing	Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314

DIVISION OF CORPORATION OR MAR 24 PH 4: 1

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	ΕI	- N	ame:
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The name of the Limited Liability Company is:

(med end with the word	"Limited Liability Company, "L.L.C.," or "LLC.")	-
ARTICLE II - Address: The mailing address and street addre	ess of the principal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	<b>96</b> OKU
4806 E HWY 92	5040	SION
TAMPO FL 33610		SECRETARY VISION OF C
	·	
The name and the Florida street addr		
The name and the Florida street addr	<b>.</b>	
RICHAR	Name 401 Sef	Free Valrica 01
RICHAR	D THAMES	ifner Valrico Rd

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)

City, State, and Zip

(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:
MER	RICHARD THAMES  BOT RAVOLWAY DOTO  SOFFRER FE 33594  401 Seffner VAIr co Rd.  VAIr co Fl 33594
· · · · · · · · · · · · · · · · · · ·	OR MAR 24
(Use attachment if necessary)	PH 4: 15
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	te of filing: (OPTIONAL) secific and cannot be more than five business days prior

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

Richard A. THAMES
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)

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