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T. CLINE
MAY - 2 2008
EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: Amphel/5 Bait + Tackle	
(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:	
MICHAEL R. CAmpbell JR.	
(Name of Person)  (Name of Person)  (Name of Person)	
6856 Blownstown Awy	
Tallahasscr PC 32300	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Mike Compbell at (850) 575-4653  (Name of Person) (Area Code & Daytime Telephone Number)	
(Med Code & Daytime Felephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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 Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32301	

B MAY - 2 PM 1:56

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is:	
Compbell's Bait -	y Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Lattahasson, R 32310	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
	empbell Je
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatur	re (REQUIRED)
(CONTINU Page 1 of 2	JED)

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	Name and Address:
"MGRM" = Managing Member  MORM	Mithael RCampbell Sk
······································	
(Use attachment if necessary)	(7-7)
TCLE V: Effective date, if other than the n effective date is listed, the date must b 90 days after the date of filing.)	e date of filing: (OPTIONAL) se specific and cannot be more than five business days pr
n effective date is listed, the date must b	e date of filing: (OPTIONAL)  se specific and cannot be more than five business days pr
n effective date is listed, the date must b 90 days after the date of filing.)  REQUIRED SIGNATURE:  M. (	e date of filing: (OPTIONAL)  e specific and cannot be more than five business days properties of a member.
n effective date is listed, the date must be 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document const that the facts stated is marked.  M. Charcel.	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution fitutes an affirmation under the penalties of perjury
n effective date is listed, the date must be 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document const that the facts stated is marked.  M. Charcel.	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution that the same affirmation under the penalties of perjury herein are true.)

Page 2 of 2