

Florida Department of State
Division of Corporations
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L. SELLERS

OCT 27 2008

EXAMINER

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MIZELL LAW FIRM, P.A.
Account Number : I20060000056
Phone : (941) 575-9291
Fax Number : (941) 575-9296

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Outside N, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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08 OCT 24 AM 8:30

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Electronic Filing Menu

Corporate Filing Menu

Help

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**ARTICLES OF ORGANIZATION
OF
OUTSIDE N, LLC**

Pursuant to Section 608.407, Florida Statutes, these Articles of Organization for a limited liability company provide that:

ARTICLE I - NAME

The name of the limited liability company is OUTSIDE N, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the limited liability company is 635 West Marion Avenue, Punta Gorda, Florida 33950.

ARTICLE III - REGISTERED AGENT

The name and street address of the initial registered agent for service of process is Deborah Jane Wilson, 635 West Marion Avenue, Punta Gorda, Florida 33950

ARTICLE IV - MANAGEMENT

The Company shall be a member managed company.

ARTICLE V - DURATION

The duration of this Company shall be perpetual.

ARTICLE VI - PURPOSE

The purpose for which this Company is formed is to engage in any lawful acts or activities for which limited liability companies may be formed under Section 608.403 of the Florida Statutes.

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IN WITNESS WHEREOF, the undersigned, has hereunto subscribed her name and affixed her seal this 24th day of OCTOBER, 2008.

Witnesses:

Raemona J. Carter
Print Name: Raemona J. Carter

Carol L. Kyle
Print Name: CAROL L. KYLE

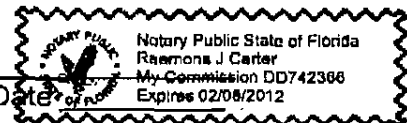
Deborah Jane Wilson
DEBORAH JANE WILSON, managing member

STATE OF FLORIDA:
COUNTY OF CHARLOTTE:

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgment, personally appeared DEBORAH JANE WILSON to me known to be the person described as incorporator or who has produced FL ID as identification, and who executed the foregoing Articles of Organization, and she acknowledged that she executed the same for the purposes therein stated and did not take an oath.

WITNESS my hand and official seal in the State and County aforesaid this day of October 24, 2008.

Raemona J. Carter
Printed Name: Raemona J. Carter
Notary Public
State of Florida
Commission Number: _____
Commission Expiration Date: _____



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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the limited liability company is OUTSIDE N, LLC.
2. The name and address of the registered agent and office is:

Deborah Jane Wilson, 635 West Marion Avenue, Punta Gorda, Florida 33950.

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.


Deborah Jane Wilson

Dated: OCTOBER 24, 2008

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