

L 09000018348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

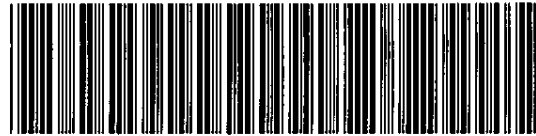
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300140458573

02/02/09-01020-022- \$125.00

09 FEB - 1 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. THOMAS

FEB 25 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2009

CAMILLE MOORE
7270 LEWIS GROVE RD.
GROVELAND, FL 34736

SUBJECT: FISHIN' FOR SPOTS, LLC
Ref. Number: W09000005263

We have received your document for FISHIN' FOR SPOTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 2, 2009. Please amend your document accordingly.

Please return 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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 009A00003851

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB - 1 AM 22

FILED

245-6030
9/11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fishing For Spots, LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

7270 Lewis Grove Rd.
Groveland, FL 34736

Mailing Address:

7270 Lewis Grove Rd
Groveland, FL 34736

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:

Camille Moore

Name

7270 Lewis Grove Rd

Florida street address (P.O. Box **NOT** acceptable)

Groveland, FL 34736

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB - 1 AM 22

FILED

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..

Camille Moore

Registered Agent's Signature (REQUIRED)

(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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

MGR

MGRM

MGRM

Name and Address:

Phil Rizzo

5040 Faun Lake Blvd

Mims, FL 32754

Camille Moore

7270 Lewis Grove Rd

Groveland, FL 34734

Roxanne Rizzo

5040 Faun Lake Blvd

Mims, FL 32754

Alan Moore

7270 Lewis Grove Rd

Groveland, FL 34734

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Feb 1, 2009 (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.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB - 1 AM @ 22

FILED

REQUIRED SIGNATURE:

Camille Moore

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.)

Camille Moore

Typed or printed name of signer

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)