

Division of Corporations

**L10 000003452**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : DENNIS IGLAY  
Account Number : I20070000077  
Phone : (386) 761-2360  
Fax Number : (386) 761-5243

**FILED**  
10 JAN 11 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: JCLENZ@CFL.RR.COM

FLORIDA/FOREIGN LIMITED LIABILITY CO.  
FISHIN BUDDIES LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

**D. BRUCE**

JAN 12 2010

**EXAMINER**EFFECTIVE DATE 1/08/10

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FISHIN BUDDIES LLC  
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 Lenz

Name of Person

FISHIN BUDDIES LLC

Firm/Company

1128 Thistle Lane

Address

Port Orange FL 32129-4015

City/State and Zip Code

JLENZ@CFL.RR.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JAN 11 AM 8:54

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For further information concerning this matter, please call:

John Lenz

Name of Person

at (

386)

761-7955

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)

Mailine 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

EFFECTIVE DATE \_\_\_\_\_

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

FISHIN BUDDIES 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:**1128 Thistle Lane  
Port Orange  
FL 32129-4015**Mailing Address:**1128 Thistle Lane  
Port Orange  
FL 32129-4015**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 Lenz

Name

1128 Thistle LaneFlorida street address (P.O. Box **NOT** acceptable)Port Orange FL 32129-4015

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.*

  
 Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE

1/08/10

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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:**

MGRM

John Lenz

1128 Thistle Lane

Port Orange FL 32129-4015

MGRM

Nancy Lenz

1128 Thistle Lane

Port Orange FL 32129-4015

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/08/2010 (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:**

  
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.)

Dennis Iglay

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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