(Requestor's Name)	-		
(Address)	-		
(Address)	-		
(City/State/Zip/Phone #)	-		
(=-),=,			
PICK-UP WAIT MAIL			
(Business Entity Name)	-		
(Business Entity Name)			
(Decument Number)	-		
(Document Number)			
Certified Copies Certificates of Status	•		
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Special Instructions to Filing Officer:	l		
L. SELLERS	Ĺ		
L. OELLENS			
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Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Co	orporations		
SURIECT: MISSIO	N FISHIN LURE, LLC		
SOBJECT.		ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	condence concerning this mat	ter to the following:	
CHERYL L. C	SENTRY		
		Name of Person	
MISSION FIS	SHIN LURE, LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
217 NORTH I	FRANKLIN BOULEVARD)	
		Address	
ISSAHA LIAT	EE, FLORIDA 32301		
TALLAHAGO		y/State and Zip Code	
CGENTRY@	GENTRYLAW.COM		
		for future annual report notification)	
For further information	concerning this matter, please	e call:	
CHERYL L. GENTI	>∨	at (850) 222-0052	
	of Person	at (850) 222-0052 Area Code & Daytime Telep	phone Number
Enclosed is a check for	or 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)
	Mailing 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 C	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR	RELORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company	y is:
MISSION FISHIN LURE, LLC	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of th	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
217 NORTH FRANKLIN BOULEVARD TALLAHASSEE, FLORIDA 32301	SAME
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of t	he registered agent are:
CHERYL L. GENTRY	

CHEITTE E. GEN	IIXI			
	Name			
217 NORTH FRA	ANKLIN BOULEVARD			
Florida street address (P.O. Box NOT acceptable)				
TALLAHASSEE	_{FL} 32301			
	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)

(CONTINUED)

Page 1 of 2

TALLAHASSEE FLORING

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
WORW - Managing Member	
MGR	CHERYL L. GENTRY
	217 NORTH FRANKLIN BOULEVARD
	TALLAHASSEE, FLORIDA 32301
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	r or an authorized representative of a member.
In accordance with sec of this document consti- that the facts stated here	ction 608.408(3), Florida Statutes, the execution
Тур	ped 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)