## L10000116554

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	,
(Cit	y/State/Zip/Phone	<b>⇒#</b> )
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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EFFECTIVE DATE (1-8-10)

T. CLINE

NOV - 9 2010

EXAMINER

## **COVER LETTER**

TO: Régistration Section Division of Corporation				
SUBJECT: Rec	Applal Name of Limi	Sport Fishing ited Liability Company	L.L.C.	
The enclosed Articles of Org		ार्यक्षण सम्बद्धाः इ.स.च्या	٠	
	Shahr	OUZ RANIMI  Name of Person		
·	Reel Appe	al Sport Fishin	a L.L.C.	
Clarent and the	-	Firm/Company: 1.5 3,55 %		
f smat survivors of the	511 S.W.	15th St. 600 A	t. B	
	Fort Laud		315	
e jak	route 2 ru	ity/State and Zip Code 20 hotmail.com		nanjer,
E-	mail address: (to be used	for future annual report notification)		Sarana Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca
For further information conce	rning this matter, pleas	se call:		11. ASA
Shahrou	z Rahimi	at 054 638-5	363 Shone Number 5	
Name of Per	son	Area Code & Daytime Telep	phone Number	
		A service of the serv	••	
Enclosed is a check for the	•			
\$125.00 Filing Fee C	30.00 Filing Fee & ertificate 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)	
	••	A STATE OF THE STA		
Regardents Dir	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	ircle	
		Tallahassee, FL 32301		

· PROPERTY

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
(Must end with the worlds "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Li	iability Con	npany is:
Principal Office Address: Mailing Address:		
511 S.W. 15th St. Apt. B  Fort Landerdale, FL. 33315  Fort landerdale, FL.	Apt. B .33315	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent' (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  Shahrouz Rahimi  Name  511 S. W. 15th St. Agt. B  Florida street address (P.O. Box NOT acceptable)  Fort Laucurdale, FL 33315  City, State, and Zip	ridual or another services of SESSELARY OF STATE	E 20 WOV - 8 PM LQ
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I at accept the obligations of my position as registered agent as provided for in Complete performance (REQUIRED)	he appointm h the provisi m familiar v	nent as ions of all vith and

(CONTINUED)

Shahrouz Rahimi SII S.W.157 St. Apt. B Ent Louderdale, FL. 33315	Shahrouz Rohimi  511 S.W. 1572 St. Apt. B  Fort Lauderdale, FL. 333/15   (Use attachment if necessary).  ICLE V: Effective date, if other than the date of filing: 1/8/10 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days	Title: "MGR" = Manager	Name and Address:
Use attachment if necessary).	(Use attachment if necessary).  CLE V: Effective date, if other than the date of filing:	"MGRM" = Managing Member  MG R	
(Use attachment if necessary).	(Use attachment if necessary).  ICLE V: Effective date, if other than the date of filing:		Tape in the second of the seco
•	ICLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days	Lice attachment if necessary)	
	effective date is listed, the date must be specific and cannot be more than five business days	(Ose attachment if necessary).	he date of filing: 1//8/10 (OPTIONAL)
REQUIRED SIGNATURE:		effective date is listed, the date must 90 days after the date of filing.)	be specific and cannot be more than five business days
REQUIRED SIGNATURE:	Alla Phi	effective date is listed, the date must 90 days after the date of filing.)	the specific and cannot be more than five business days:
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.	Signature of a member or an authorized representative of a member.	effective date is listed, the date must 90 days after the date of filing.)  REQUIRED SIGNATURE:	lla Chi

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)