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EXAMINER



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11/29/10--01010--025 **125.00

SECRETARY OF STATE

COVER LETTER

Division of Corporations			•	
SUBJECT: Trophy S	DOTSMEY lame of Limited Liabi	LLC lity Company		
The enclosed Articles of Organization	and fee(s) are submitte	ed for filing.		
Please return all correspondence conce	ning this matter to the	e following:		
Christopher F	Miller 3	Tr.		
	Name o	f Person		
	Smen LL Firm/C			► -0
1.3	Firm/C	ompany	AEC.	<u></u>
PO BOX 10	73		量	2018 NOV 29
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Sebring 1	-l 339	871	\overline{m}	1.4
Cestition.	City/State a	nd Zip Code	OR PRINCIPAL	# i i i i i i i i i i i i i i i i i i i
E-mail addre	ss: (to be used for future	annual report notification)	TH.	Ē
		,		
For further information concerning this	matter, please carr.			
Chris Miller	at (363, 402-1		
Name of Person		Area Code & Daytime Telep	hone Number	
Enclosed is a check for the followin	g amount:			
\$125.00 Filing Fee \$130.00 Filing Certificate	ng Fee & S15	55.00 Filing Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Add Registration of O Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Trophy Sportsmen 1	LC.
(Must end with the words "Limited Liabilit	ry Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Trophy Sportsman LLC * 325 Valence Blud Sebring Fl 33870	Trophy Sportsmen LLES PO Box 1673 Sebring FR 33B74 SECTION OF THE PORTS OF THE PORT
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	gistered agent are:
Christopher M Name	iller Ir
325 Valerie B Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)
Sebring City, Stat	FL 33870 te, 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

Title:	Name and Address:
"MGR" = Manager	ger or Managing Member is as follows: Name and Address:
"MGRM" = Managing Member	
MAR	Mark Edward Gose 70
1.101	503 S. Omulhoee Dr. 22
	Sebring, 33870 Em
MCR	Christophor F Miller Tr
1.1617	325 Valerie Blud
	Sabring FP 33870
	9
(Use attachment if necessary)	

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)