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UEPARTMENT OF STATE DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



J. BRYAN

MAR - 9 2011

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
OUD IN CIT. Out de	oom Living LLC		
SUBJECT: Outdo	oor Living LLC Name of Limite	d Liability Company	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondent	ondence concerning this matte	er to the following:	
John Ke	=11y		
		Name of Person	
Outdoor	r Living LLC		
	_	Firm/Company	
3060 W	. Tharpe St.		As =
		Address	53 3
Tallaha	assee, FL 32303	(0. 10° 0. 1	R-9
	·	/State and Zip Code	A R
	Kellyjay@ E-mail address: (to be used for	comeast net or future annual report notification)	PH 2: 23
For further information of	concerning this matter, please		22 DRIDA
	Kelly of Person	at (<u>850</u>) <u>556-0812</u> Area Code & Daytime Telepho	one Number
Trusto (. 0.30.1	The code to Daytino Tolopho	no i vamoei
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S160.00 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 Circ	ele

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

_		s of the principal office of the Limited	Liability	Com	party 13.
Principal Office A	daress:	Mailing Address:			
3060 W Tharp	e St	SAME			
Tallahassee F	L 32303				
(The Limited Liability Cor business entity with an ac	npany cannot serve as it tive Florida registration.	Registered Office, & Registered Agent is own Registered Agent. You must designate an ind) ss of the registered agent are:			
	John Kelly		全美	X	C FARTHER
-		Name	SK.	1	بالمواجعة المواجعة المواجعة
			SEE	70	Amelina P
		pe St da street address (P.O. Box <u>NOT</u> acceptable)		2	Se f
				2; 2;	U
-	Tallahassee	FL 32303 City, State, and Zip	37	10	
Having heen name	d as revistered age	nt and to accept service of process for th	re ahove	statea	l limited
liability compan registered agent an statutes relating to	y at the place desig d agree to act in the o the proper and co	mated in this certificate, I hereby accept is capacity. I further agree to comply with miles, and I complete performance of my duties, and I compared to a registered agent as provided for in	the appo ith the pr am famil	ointme ovisio liar w	ent as ons of al ith and
	/_/				
	Registered Age	ent's Signature (REQUIRED)			

Page 1 of 2

(CONTINUED)

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

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

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGRM"	John Kelly 1009 Shalimar Dr Tallahassee, FL. 32312
	
	——————————————————————————————————————
	TE PER SE
(Use attachment if necessary)	
LE V: Effective date, if other than the	e date of filing:
fective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIO
days after the date of filing.) REQUIRED SIGNATURE:	

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)