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(Red	questor's Name)
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Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

MAY 24 2010

EXAMINER

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11 MAY 24 AH 10: 37

FILED

11 MAY 24 MID: 42

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
SUBJECT:	Off Course	Gear LLC	
	Name of Limited Liabi		
The enclosed Articles	of Organization and fee(s) are submitte	ed for filing.	
Please return all corre	spondence concerning this matter to the	e following:	
	Natha	r Newell f Person	-
	Name o	ourse Gear	
	Firm/C		-
2418	3-1 Millcreek	C+	
			-
Talla	hassee FL 3	nd Zip Code  Ourse Gaer. com e annual report notification)	: 1
	City/State a	nd Zip Code	C
	E-mail address: (to be used for future	annual report notification)	2
For further informatio	n concerning this matter, please call:		
1.7.		7. S.	5 (
Nathan Nam	e of Person at (	SO 294 – 270 Area Code & Daytime Telephone Number	•
Enclosed is a check	for the following amount:		
125.00 Filing Fee	Certificate of Status Ce	55.00 Filing Fee & \$160.00 Filing Fee, rtified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	1)
	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 Circle	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Off Course Gear LLC

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability	y 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:
7418-1 Millcrock Ct Tallahasson, Fl 32308	7418-1 Millcreck Ct Tallahassee, FL 37308
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature. red Agent. You must designate an individual designate and individual de
The name and the Florida street address of the re  Nathan Ne Name	gistered agent are.
2418-1 Millo Florida street addi	res (P.O. Box NOT acceptable)
Tallahassee City, Stal	FL 72308 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)

## 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:
MG RM	Nathan Newell  2418-1 Millored FA =  Tellahassac, FL 32350 =
	ARY OF STAIL ASSEE, FLORID
(Use attachment if necessary)	
ARTICLE V: Effective date, if other the (If an effective date is listed, the date in to or 90 days after the date of filing.)  REQUIRED SIGNATURE:	an the date of filing: (OPTIONAL)  sust be specific and cannot be more than five business days prior
	8/11/
Signature of a	nember or an authorized representative of a member.
constitutes an affirmatio I am aware that any false constitutes a third degree	ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. In information submitted in a document to the Department of State in formation as provided for in s.817.155, F.S.)
	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)