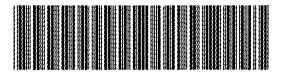
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

AUG - 2 xall

EXAMINER

COVER LETTER

TO: «Registration Section

Division of Corporations	
SUBJECT: Fishing Tackled	LLC
*************************************	of Limited Liability Company
The enclosed Articles of Organization and for	se(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Andrew Peek	
	Name of Person
***************************************	Firm/Company
10572 86th Ave N.	
10072 0001 AVE 11.	Address
Seminole, FL 33772	City/State and Zip Code
andrew@apeekdesign.co	·
	be used for future annual report notification)
For further information concerning this matte	r, please call:
Andrew Peek	at (904) 4660540
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following ame	ount:
\$125.00 Filing Fee \$\int_\$\$130.00 Filing Fe Certificate of St	L1 9 L1
Certificate of St	atus Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	,
Mailing Address Registration Section	Street/Courier Address Registration Section
Division of Corpor	
P.O. Box 6327 Tallahassec, FL 32	Clifton Building 314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Fishing Tackled LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "L.L.C.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
10572 86th Ave N. Seminole, FL	10572 86th Ave N. Seminole, FL	
33772	33772	
10572 86th A	ve N.	2011 AUG -1 AM ID: 35 SECRETARY OF STATE TALLAHASSEE. FLORI
Florida street	address (P.O. Box NOT acceptable)	
Seminole	_{FL} 33772	35 REC 35
City	, State, and Zip	>
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capo statutes relating to the proper and complete accept the obligations of my position as r	in this certificate, I hereby accept th acity. I further agree to comply with e performance of my duties, and I an	e appointment as the provisions of all n familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

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

2011 AUG = 1 AM 10: 35

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORID
MGRM	Andrew Peek	
	10572 86th Ave N.	
	Seminole, FL 33772	
MGRM	Lindsey Peek	
	10572 86th Ave N.	
	Seminole, FL 33772	
(Use attachment if necessary)		
CLE V: Effective date, if other than the date of the date is listed, the date must be s		

ARTIC (If an e to or 90 days after the date of filing.)

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.)

Andrew Peek

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)