L11000127284

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Cristonal Park Notice II)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Continued copies			
Special Instructions to Filing Officer:			

Office Use Only



700213870097

11/07/11--01021--022 **125.00



D. BRUCE

NOV 0 8 2011

EXAMINER

COVER LETTER

Division of Cor			
SUBJECT:	Name of Limite	Fishing L	L.C.
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all correspo	ndence concerning this matte	er to the following:	
	Guy Rio	rdan Name of Person	
	Advent	Firm/Company	hh.c.
10	85 Bald	Eagle PR. Address	C-303
Ma	_	d Florida //State and Zip Code	34145
	Guyriore	or future annual report notification)	hoo.com
For further information c	oncerning this matter, please		FI NO
Guy R!	Person	at (- 2588 = hone Number Re
Enclosed is a check for	the following amount:		ST W
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Fixing 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 Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1085 Bald Eagle PR C-303 1085 Bald Eagle DR G-303 Marco Island F1 Marco Island F1 34145 34145
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Guy Riordan ARC ARC
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

(CONTINUED)

The name and address of each Mana	ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Guy Riordan 1085 Bald Eagle PR. (-303 Marco Island FL. 34145
MGRM.	FRANCES Riordon 1085 Bald Eagle DR. C-303 Marco Island Fl. 34145
(Use attachment if necessary)	(OPTIONAL)
f an effective date is listed, the date must be or 90 days after the date of filing.)	e date of filing: (OPTIONAL) De specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	er or an authorized representative of a member 3
(In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felon	8.408(3), Florida Statutes, the execution of this document ter the penalties of perjury that the facts stated herein return to the Department of State mation submitted in a document to the Department of State mation submitted in s.817.155, F.S.) Your Riordan yped 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)

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

\$ 5.00 Certificate of Status (Optional)