# L12000017298

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2012 FEB -3 AM W: 10

SECRETARY OF STATE
ANASSEE, FLORIDA

C. LEWIS FEB - 6 2012 EXAMINER

## Corbin Durrell 4750 64<sup>th</sup> Avenue Vero Beach, FL 32967 (772) 473-9648

January 31, 2012

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

In Re: Indian River Outfitters, LLC

To Whom It May Concern:

Please find enclosed a check in the amount of \$155.00 which reflects the cost of Filing Fee for Articles of Organization as well as a certified copy of same. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Corbin Durrell

Encl.

### **COVER LETTER**

TO:

Registration Section

Division of	Corporations		
<sub>SUBJECT:</sub> Indi	an River Outfitters,	LLC	
		ed Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all corr	respondence concerning this mat	ter to the following:	
Corbin	D.Durrell	CD.	
		Name of Person	
Indian I	River Outfitters, LL	C	
		Firm/Company	
4750 64	4th Avenue		
		Address	
Vero Bea	ach, Florida 32967		
		y/State and Zip Code	
indianrive	eroutfitters@yahoo.con	1 for future annual report notification)	
For further informati	on concerning this matter, please		
Corbin Durrell		at ( 772 ) 473-9648	
Na	me of Person	Area Code & Daytime Telep	hone Number
Enclosed is a checl	k for the following amount:		
\$125.00 Filing Fee	[]]\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 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 Ci	rcle

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	JE 1	I -	Na	me:

The name of the Limited Liability Company is:

## Indian River Outfitters, LLC

(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:	
4750 64th Avenue       4750 64th Avenue         Vero Beach, Fl 32967       Vero Beach, Fl 32967		
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)		ridual or another
The name and the Florida street address	of the registered agent are:	ZOIZ FEB TALLAH
Corbin D. Durrell	l	SECRETA SALLAHAS
	Name	SSE J
4750 64th Avenue		ENG R
Florida	street address (P.O. Box <u>NOT</u> acceptable)	F. S.
Vero Beach	<sub>FL</sub> 32967	OF STATE
<del></del>	City, State, 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

ARTICLE IV- Manager(s) The name and address of each	or Managing Member(s): ch Manager or Managing Member is as follow	rs: FIL	ED
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address:	2012 FEB - 3 SECRETARY TALLAHASSE	OF STATE
MGR	Corbin D. Durrell 4750 64th Avenue Vero Beach, FL 32967		
(Use attachment if necessary	·)		
ARTICLE V: Effective date, if other (If an effective date is listed, the dat to or 90 days after the date of filing.	r than the date of filing: January 27, 2012 e must be specific and cannot be more than fi )	(OPTION	NAL) lays prior
REQUIRED SIGNATURE	: :		
Signature o	f a member or 2n authorized representative of a me	mber.	
(In accordance with s	section 608.408(3), Florida Statutes, the execution of th	is document	

(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.)

Corbin D. Durrell

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)