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Office Use Only



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D. BRUCE

APK 27 2012

**EXAMINER** 

## COVER LETTER .

. TO: Registration Section Division of Corporations			
SUBJECT: Arrington Outdoors, LL	.C		
Name of Limited Liability Company			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Gabriel Arrington			
	Name of Person		
	Firm/Company		
5935 Urdea Rd.			
	Address		
Jupiter, FL 33458	y/State and Zip Code		
bluegabe@gmail.com	yrstate and zip code		•
	or future annual report notification)	初	
For further information concerning this matter, please	call:	77.2	
Gabriel Arrington	at (561 ) 2621400	9	
Name of Person	Area Code & Daytime Telephone Number	PH 2:	
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	,	
	(additional copy is choiced)	,	
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 **ARTICLE I - Name:** The name of the Limited Liability Company is:

Arrington Outdoors, LLC				
(Must end with the words "	Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street addre	ss of the principal office of the Limited Liability Company is:			
Dringing Office Address.	M-99 A.J.			

Principal Office Address:	Mailing Address:	
5935 Urdea Rd.	5935 Urdea Rd.	
Jupiter, FL 33458	Jupiter, FL 33458	

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:

Gabriel Arrington Name

5935 Urdea Rd.

Florida street address (P.O. Box NOT acceptable)

Jupiter

FL 33458 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)

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

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

	" = Manager M" = Managing Member	Name and Address:
<u>_M</u>	GR_	Stormi Apostolopoulos 5935 Urdea Rd. Jupiter, FL 33458
<del></del>		
(Use at	ttachment if necessary)	
(If an effective	Effective date, if other than the clate is listed, the date must be fter the date of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQU	<u>IRED</u> SIGNATURE:	
	S' ag	xostal
	(In accordance with section 608. constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)

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)