(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT .	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only

G. MCLEOD

MAY - 2 2012

EXAMINER



100231601941

04/30/12--01028---010 **130.00



GOVER LETTER

e:

TO: Registration Section Division of Corporations	entr
SUBJECT: RELENTLESS PURSUIT	, LLC.
Name of Limited L	iability Company
The enclosed Articles of Organization and fee(s) are sub-	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
ROBERT LEGER	
	ne of Person
Fin	m/Company
PO BOX 12998	
	Address
TALLAHASSEE, FLORIDA 323	17
City/Sta	ate and Zip Code
BOBBY@FORTISENVIRONMENT E-mail address: (to be used for fi	
For further information concerning this matter, please cal	•
For further information concerning this matter, prease car	1:
ROBERT LEGER at	(850 385-5872
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RELENTLESS PURSUIT, 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:

3607 MOSSY CREEK LANE

TALLAHASSEE, FLORIDA 32311

PO BOX 12998

TALLAHASSEE, FLORIDA 32317

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:

ROBERT LEGER

Name

3607 MOSSY CREEK LANE

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

TALLAHASSEE

FL 32311 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..

(CONTINUED)

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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ROBERT LEGER
	3607 MOSSY CREEK LANE
	TALLAHASSEE, FLORIDA 32311
MGRM	KRISTI LEGER
	3607 MOSSY CREEK LANE
	TALLAHASSEE, FLORIDA 32311
(Use attachment if necessary)	the data of filings (ODTIONIAL)
	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
effective date is listed, the date mus	
n effective date is listed, the date must 90 days after the date of filing.)	
effective date is listed, the date must 90 days after the date of filing.) REQUIRED SIGNATURE:	
n effective date is listed, the date must 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with section constitutes an affirmation up I am aware that any false in:	t be specific and cannot be more than five business days prior
n effective date is listed, the date must 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with section constitutes an affirmation up I am aware that any false in:	mber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document noder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)
Perfective date is listed, the date must 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a men constitutes an affirmation up I am aware that any false in constitutes a third degree ferometric signature.	mber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document noder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)