

# L12000145614

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan NOV 19 2012

# Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@aisincfl.com](mailto:orders@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY <u>South Shore Outdoors, LLC</u>	FOR OFFICE USE ONLY

## PICK ONE:

☒ CERTIFIED COPY    ☐ PHOTOCOPY    ☐ C.U.S.

## FILING:

☐ CORPORATION    ☒ LLC    ☐ LIMITED PARTNERSHIP    ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME    ☐ SERVICE MARK/TRADEMARK    ☐ AMENDMENT  
☐ FOREIGN QUALIFICATION    ☐ JUDGMENT LIEN  
☐ OTHER \_\_\_\_\_

## RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S.    ☐ CERTIFIED COPY    ☐ PHOTOCOPY  
Of \_\_\_\_\_

## APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 11/16/12    TIME 4:30

Notes: \_\_\_\_\_  
\_\_\_\_\_

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**ARTICLES OF ORGANIZATION FOR**

**SOUTH SHORE OUTDOORS, LLC**

**A FLORIDA LIMITED LIABILITY COMPANY**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - NAME**

The name of the Limited Liability Company is: **SOUTH SHORE OUTDOORS, LLC**

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: **1039 Professional Park Drive, Brandon, FL 33511**

**ARTICLE III - DURATION**

The period of duration for the Limited Liability Company shall be: **Until dissolved pursuant to its Operating Agreement.**

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by the manager. The name and address of the manager is:

Paula Jean Purcell  
3302 Thicket Run Drive  
Spring, TX 77388

#### **ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

**Additional members may be admitted only as unanimously agreed upon by the Members as set forth in the Operating Agreement.**

#### **ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: **Only with the consent of all the remaining Members.**

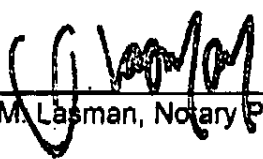
IN WITNESS WHEREOF, these Articles of Organization have been signed, as Manager by **Paula Jean Purcell.**

Dated this 14<sup>th</sup> day of November, 2012.

  
**Paula Jean Purcell**  
**Manager**

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 14<sup>th</sup> day of November, 2012,  
by **Paula Jean Purcell**, who has produced a Florida Driver License as identification.

  
\_\_\_\_\_  
Jeffrey M. Lasman, Notary Public



**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **SOUTH SHORE OUTDOORS, LLC**
2. The name and address of the registered agent and office is:

**Jeffrey M. Lasman, Esquire  
1039 Professional Park Drive  
Brandon, FL 33511**

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.

  
\_\_\_\_\_  
Jeffrey M. Lasman

November 14, 2012

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CLERK OF STATE  
TALLAHASSEE, FLORIDA