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## **COVER LETTER**

TO: Registration S Division of Co		I	
SUBJECT: UN	DER THE SO Name of Limite	N OUTFITTER ed Liability Company	S LLC
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all correspondent	ondence concerning this matte	er to the following:	
RI	CHARD N.	MGACHUM Name of Person	JR
		Firm/Company	<u></u>
704	E 705	<	
70-1	E DREW	Address	201
P	LANT CITY	5 3 3 5 6 3 3 y/State and Zip Code	2013 FEB BED CO
	/ City	y/State and Zip Code	SE J
	E-mail address: (to be used f	or future annual report notification)	coming g
For further information	concerning this matter, please	call:	
R.ICHARD Name	N. MEACHUM	at ( 8 \ 3 ) C 50 -  Area Code & Daytime Telep	4831 Ohone Number
Enclosed is a check for	or the following amount:		
	\$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)
· <b>r ·</b>	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	

P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTÍCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

UNDER	THE	SON	OUTFITTERS, LLC. ited Liability Company, "L.L.C.," or "LLC.")	
(Mu	ist end with the	words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing addres		address o	of the principal office of the Limited Liabil	lity Company is:

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Principal Office Address:

704 E DREW ST
PLANT CITY, F.

33563

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatufe:
(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:

Pichard N. MEACHUM JR
Name

704 E. DREW ST
Florida street address (P.O. Box NOT acceptable)

Plant City State and Zin

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 (REQUIRA

(CONTINUED)

Page 1 of 2

ARTICLI	E IV- Manag	er(s) or Managir	g Member(s):
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	RICHARD N. MEACHUM, 3704 E. DREW ST PLANT CITY, FL 33563
MGR	STEVEN E BELLAMY  CB15 NUNN PA  LAKELAND E 33813
	ALL CARE
(Use attachment if necessary)  ICLE V: Effective date, if other than the	E.F. D

**REQUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member.

(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.)

X STEVEN E BELLAMY

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)