L13000154238

(Requestor's Name)
(Address)
Allera
(Address)
(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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FFECTIVE DATE

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SECRETARY OF STATE

N. Outlean NOV 1 - 2019

(850) 245-6051.

COVER LETTER

	COVE	KLEITEK	
TO: Registration S Division of Co			
SUBJECT: He	ar The Cal	1 Outdoors 1	LC
	Name of Limit	ed Liability Company	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
Perri	Dendergra	5-1	
			_
Hear	The Call	Outdoors LLC Firm/Company	·
1660	SW Carl L	ilson Rd. Address	
Fort	White FL	32038 y/State and Zip Code () . Com for future annual report notification)	
h 1 a	Cit	y/State and Zip Code	
MICO	E-mail iddress: (to be used	or future annual report notification)	
	concerning this matter, please		
PerryPen	dergrast of Person	at (384) 4(66	2809
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee &	□\$155.00 Filing Fee & □	\$160.00 Filing Fee,
LIST25.00 Fitting Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed
·	Mailing Address Registration Section	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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Hear The Call O Hdoors LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "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:
1666 SW Carl Wilson Rd 1660 SW Carl Wilson Rd Fort White FL 32038 Fort White FL 32038
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:
Perry D Pendergrast Name Perry D Pendergrast S = -
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
Fort White FL 22038 City, State, and Zip
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)

Page 1 of 2

(CONTINUED)

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	Perry D Pendergrast
MARM	1460 CH Carl Wilcon Rd
in die in	Perry D Pendergrast 1660 SW Carl Wilson Rd Fort White FL 32038
(Use attachment if necessary)	
(Ose attachment if necessary)	the date of filing: Dcf 28 20/3. (OPTIONAL)
CLE V: Effective date, if other than	nust be specific and cannot be more than five business days
to or 90 days after the date of filing	
REQUIRED SIGNATURE:	55 3 55 3
REQUIRED SIGNATURE:	32 SEE SEE SEE SEE SEE SEE SEE SEE SEE SE
REQUIRED SIGNATURE:	ASSERTING OF STATE OF
$\overline{2}$	
Signature of a me	mber/or an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.

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)