

L14000029059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

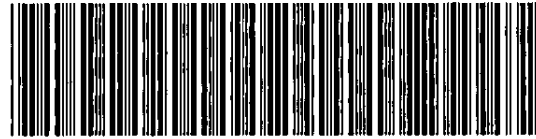
(Business Entity Name)

(Document Number)

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B. BOSTICK
FEB 20 2014
EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Tallahassee Outdoor Professionals L.L.C.

Signature _____

Requested by: Seth

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tallahassee Outdoor Professionals L.L.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:

James M. Coburn

Name of Person

Tallahassee Outdoor Professionals L.L.C.

Firm/Company

4730 Stoney Trace

Address

Tallahassee, Florida 32309

City/State and Zip Code

tallyoutdoorpros@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James M. Coburn

Name of Person

at (850)

Area Code

508-4887

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$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)

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

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ARTICLES OF ORGANIZATION
FOR
Tallahassee Outdoor Professionals L.L.C.

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **Tallahassee Outdoor Professionals L.L.C.**

ARTICLE II: PRINCIPAL OFFICE

The principal office of the company is **4730 Stoney Trace, Tallahassee, FL 32309**

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TALLAHASSEE, FL

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

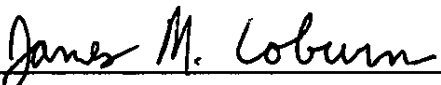
The name and address of the initial registered agent is **James M. Coburn, 4730 Stoney Trace,
Tallahassee, FL 32309**

ARTICLE IV: AUTHORIZED MEMBERS

The name and address of each person authorized to manage and control the Limited Liability
Company:

James M. Coburn, Authorized Member, 4730 Stoney Trace, Tallahassee, FL 32309

The undersigned has executed these Articles of Organization for filing purposes this 19th day of
February 2014.


James M. Coburn Authorized Representative

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CLERK OF CIRCUIT COURT
JAMES M. COBURN

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

1. The name of the company is:

Tallahassee Outdoor Professionals L.L.C.

2. The name and address of the registered agent and office is:

James M. Coburn,
4730 Stoney Trace,
Tallahassee, FL 32309

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 605, F.S.

James M. Coburn

Signature of Registered Agent

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TALLAHASSEE, FL
CLERK OF SUPERIOR COURT