

L14000033536

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA LIMITED LIABILITY CO.
Tarpon Marine Outfitters, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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February 26, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: TARPON MARINE OUTFITTERS, LLC
REF: W14000012402

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

FAX Aud. #: H14000046483
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: **Tarpon Marine Outfitters, LLC**

ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

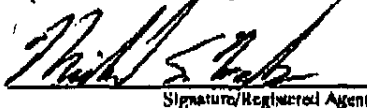
The principal place of business/mailling address is:

Principal and Mailing Address: 205 Tarpon Industrial Drive, Ste. #1
Tarpon Springs, FL 34689

ARTICLE III Registered Agent, Registered Office & Registered Agent's Signature:

The name and Florida Street address of the initial registered agent is: Michael S. Weeks
205 Tarpon Industrial Drive, Ste. #1
Tarpon Springs, FL 34689

Having been named as registered agent and to accept service of process for the above stated corporation 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 FS.


Signature/Registered Agent

2/24/14
Date

ARTICLE IV Managing Member(s)

The name and address of the Managing Member(s) is as follows:

Michael S. Weeks
205 Tarpon Industrial Drive, Ste. #1
Tarpon Springs, FL 34689

ARTICLE V EFFECTIVE DATE

The effective date of this filing:

Immediately upon filing.

Signature of managing member: In accordance with section 605.0203 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


Signature/Incorporator/Managing Mbr.

2/24/14
Date


Printed name of Signer