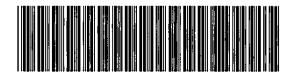
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

J. HARRIS

COVER LETTER

	legistration Section Division of Corporations
SUBJEC	r: Outlier Enterprises, LLC Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	arn all correspondence concerning this matter to the following:
	Shannon Smith Name of Person
	SMith Law Firm Firm/Company
	Firm/Company 322 E. Park Ave. Address
	Chiefland, PL 32626 City/State and Zip Code
	City/State and Zip Code
	Shannon @ Smithlawtirm. 019 E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
sh	Name of Person at (352) 490-5353 Name of Person Area Code Daytime Telephone Number
Enclosed	s a check for the following amount:
3 \$ 125.00 F	Certificate of Status Already Lt: W14000019869 S130.00 Filing Fee & Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 28, 2014

SHANNON SMITH 322 E PARK AVE CHIEFLAND, FL 32626

SUBJECT: OUTLIERS, LLC Ref. Number: W14000019869 SECRETARY OF STATE STATE OF ST

We have received your document for OUTLIERS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P12000084830 (OUTLIERS INC).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 714A00006702

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Outlier Ente	rprises, LLC	
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principa	al office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
322 E. Park Ave. Chiefland, FC 32626	322 E. Park Ave. Chiefland, Fl 32626	
another business entity with an active Florida registra	wn Registered Agent. You must designate an individual or ation.)	
The name and the Florida street address of the register		
Smith Lau	J Firm, LLC	
322 E. Pa	J Firm, LLC me rk Ave	
Florida street address (P.O. E	Box NOT acceptable)	
Chiefland	FL 326Us	
City	Zip	
the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provisio of my duties, and I am familiar with and accept the	service of process for the above stated limited liability company cept the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performany obligations of my position as registered agent as provided for inapter 605, F.S	is nce
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(CONTI	NUED)	<u> </u>

Page 1 of 2

AT ADD IT AND THE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	B. Shannon Smith
	322 E. Park Ave. Chiefland, FL 32426
AMBR	Mark Swain
	Chiefland, FL 32626
(Use attachment if necessary)	
•	e of filing: . (OPTIONAL)
CLE V: Effective date, if other than the date effective date is listed, the date must be specified.	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 da
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.)	
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CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.)	
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.)	

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

APR II AMII:

APP | AMII: