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COVER LETTER

то:	Registration Section Division of Corporations		TALLA TALLA
cupu	CT: Lastra Barbara esta C. Marilla		
SUBJI	ECT: <u>Lostman Backcountry Guide, LL</u> Name of L	imited Liability Company	———
	, tank of E.	onpany	[···
The en	closed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this r	natter to the following:	ام مسادر المسادر المساد
	Robert Agras		
		Name of Person	
	Lostman Backcountry Guide, LLC		
		Firm/Company	
	7305 SW 135 Court	A dal	
		Address	
	Miami, FL 33183	City/State and Zip Code	
		chy/outle and ship code	
ro	bagras@hotmail.com E-mail address: (to be us	ed for future annual report notifica	ation)
		•	,
For fur	ther information concerning this matter, ple	ease call:	
Rober		305) 984-7029	
	Name of Person	Area Code Daytime Tel	lephone Number
Enclose	ed is a check for the following amount:		
□ \$125.0	0 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	Street/Courier Adda Registration Section	ress
	Division of Corporations	Division of Corporat	tions
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Cent	
		Tallahassee, FL 3230	01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Lostman Backcountry Guide, LLC (Must end with the words "Lim	ited Liability Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
7305 SW 135 Court Miami, FL 33183	7305 SW 135 Court Miami, FL 33183	-
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its canother business entity with an active Florida register.) The name and the Florida street address of the register.	own Registered Agent. You must desation.)	
Robert Agras		
	ame	
7305 SW 135 Court Florida street address (P.O.	Box NOT acceptable)	
Miami	FL 33183	
City	Zip	
Having been named as registered agent and to accep the place designated in this certificate, I hereby ac capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	scept the appointment as registered a ons of all statutes relating to the prop	ngent and agree to act in this oer and complete performance
Bookstand Associated	gnature (REQUIRED)	
(CONT)		TALLANI SECRETI
Page 1	l of 2	2 7 7

<u>Title:</u> "AMBR" = Authorized	Member	Name and Address:		
"MGR" = Manager	Wichibei			
AMBR		Robert Agras		_
		7305 SW 135 Court		_
		Miami, FL 33183	·	_
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(Use attachment if neces	200m/\			
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E VI: Other provisions, i	*			
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