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B. BOSTICK
JUN 11 2014
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 11th Street Surfboards LLC.
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:
Philip Dompe Name of Person
Name of Person
Firm/Company
301 Redwing LN
Address
5f Augustine FL 32080 City/State and Zip Code
City/State and Zip Code
11th Street Surt boards @ qmail. (om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
`
Philip Dompe at (904) 823-6567 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

()

ARTICLE I - Name: The name of the Limited Liability Company is:	
11th Street Surfboards 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:	
301 Redwing LN 5t Augustine FL 320B0 5t Augustine FL 320B0 5t Augustine FL 320B0	
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 individuanther business entity with an active Florida registration.)	al or
The name and the Florida street address of the registered agent are: Philip Dompe	
Philip Dompe Name 301 Redwing LN Florida street address (P.O. Box NOT acceptable)	
St. Augustine FL 32080	
Having been named as registered agent and to accept service of process for the above stated limited liability the place designated in this certificate, I hereby accept the appointment as registered agent and agree to a capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete per of my duties, and I am familiar with and accept the obligations of my position as registered agent as providing the proper and complete per of my duties, and I am familiar with and accept the obligations of my position as registered agent as providing the proper and complete per of my duties, and I am familiar with and accept the obligations of my position as registered agent as providing the proper and complete per of my duties, and I am familiar with and accept the obligations of my position as registered agent as providing the proper and complete per of my duties, and I am familiar with and accept the obligations of my position as registered agent as providing the proper and complete per of my duties, and I am familiar with and accept the obligations of my position as registered agent as providing the proper and complete per of my duties, and I am familiar with and accept the obligations of my position as registered agent as providing the proper and complete per of my duties.	act in this erformance
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Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	71 111 7
MG K	Philip Dompe
and the second s	301 Redwin, LN
	5+ Augustine FL 32080
AMBR	Lynn Dompe
711.72.1	301 Redwine LN
	St Augustine FL 32080
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(Use attachment if necessary) E V: Effective date, if other than the detective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) especific and cannot be more than five business days prior to or 90
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