L14000144497

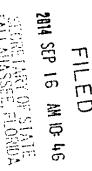
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
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COVER LETTER

TO:

Registration Section

| Division of Corporations | |
|---|---|
| | |
| SUBJECT: PHOENIX PADDLE SPORTS LLC | |
| Name of Limited | Liability Company |
| | |
| The enclosed Articles of Organization and fee(s) are su | bmitted for filing. |
| Please return all correspondence concerning this matter | to the following: |
| rease retain an correspondence concerning and matter | w die following. |
| RALPH MURPHY | |
| | ame of Person |
| | |
| PHOENIX PADDLE SPORTS LLC | |
| | irm/Company |
| | |
| 11331 MONUMENT LANDING BLVD | |
| | Address |
| | |
| JACKSONVILLE, FL 32225 | |
| City/S | tate and Zip Code |
| RMURPHY@PHOENIXPADDLESPORTS.CC E-mail address: (to be used for | M |
| E-mail address: (to be used for | tuture annual report notification) |
| For further information concerning this matter, please c | all: |
| | |
| RALPH MURPHY at (904 | |
| Name of Person An | ea Code Daytime Telephone Number |
| | |
| Enclosed is a check for the following amount: | |
| | \$155.00 Filing Fee & \$\Bigcup\$\$160.00 Filing Fee, |
| Certificate of Status | Certified Copy Certificate of Status & Certified Copy |
| (4) | (additional copy is enclosed) |
| | |
| Mailing Address | Street/Courier Address |
| Registration Section | Registration Section |
| Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle |
| | Tallahassee, FL 32301 |



August 19, 2014

RALPH MURPHY 11331 MONUMENT LANDING BLVD. JACKSONVILLE, FL 32225

SUBJECT: PHOENIX PADDLE SPORTS LLC

Ref. Number: W14000050696

We have received your document for PHOENIX PADDLE SPORTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 114A00017799

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Authoras of Ottom as the Control | | 1 |
|---|---|----------------|
| ARTICLE 1 - Name: The name of the Limited Liability Company is: | | |
| PHOENIX PADDLE SPORTS LLC | | - - |
| (Must end with the words "Limit | ed Liability Company, "L.L.C.," or "LLC.") | ! |
| ARTICLE II - Address: The mailing address and street address of the principal | t office of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 11331 MONUMENT LANDING BLVD JACKSONVILLE, FL 32225 | 11331 MONUMENT LANDING BLVD JACKSONVILLE, FL 32225 | |
| ARTICLE III - Registered Agent, Registered Office | e & Desistance Agent's Signatures | _ |
| (The Limited Liability Company cannot serve as its ov another business entity with an active Florida registrat | wn Registered Agent. You must designate an indiv | ridual or |
| The name and the Florida street address of the register | red agent are: | T SE |
| LINDA MURPHY | | S 71 |
| Nar | me | 言語って |
| 201 N Hogan Street | | 常年の「 |
| Florida street address (P.O. B | Box <u>NOT</u> acceptable) | |
| JACKSONVILLE | FL 32202 | of Q |
| City | Zip | 10:46 10:46 |
| Having been named as registered agent and to accept the place designated in this certificate. I hereby acc capacity. I further agree to comply with the provision | ept the appointment as registered agent and agree | to act in this |

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.

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIDED)

| ABR" = Authorized Member GR" = Manager GR | | |
|--|--|------|
| | | |
| | RALPH MURPHY | |
| | 11331 MONUMENT LANDING BLVD | |
| | JACKSONVILLE, FL 32225 | |
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| | | |
| e attachment if necessary) | | |
| I: Other provisions, if any. | | |
| ii ould provident it may. | | |
| - Carlo provident, i. m.y. | | _ |
| QUIRED SIGNATURE: | | |
| OUIRED SIGNATURE: | or an authorized representative of a member. | |
| OUIRED SIGNATURE: Signature of a member of (In accordance with section 605.0203) | or an authorized representative of a member. (1) (b) Florida Statutes, the execution of this document | |
| Signature of a member of a member of a constitutes an affirmation under the positive of the po | (1) (b) Florida Statutes, the execution of this document enables of perjury that the facts stated herein are true. | |
| Signature of a member of a mem | (1) (b) Florida Statutes, the execution of this document enables of perjury that the facts stated herein are true. submitted in a document to the Department of State | |
| Signature of a member of a member of a constitutes an affirmation under the positive of the po | (1) (b) Florida Statutes, the execution of this document enables of perjury that the facts stated herein are true. submitted in a document to the Department of State | 2014 |
| Signature of a member of a mem | (1) (b) Florida Statutes, the execution of this document enables of perjury that the facts stated herein are true. submitted in a document to the Department of State | ં દ |
| Signature of a member of a mem | (1) (b) Florida Statutes, the execution of this document enables of perjury that the facts stated herein are true. submitted in a document to the Department of State rovided for in s.817.155, F.S.) | |
| Signature of a member of a mem | (1) (b) Florida Statutes, the execution of this document enables of perjury that the facts stated herein are true. submitted in a document to the Department of State | |
| Signature of a member of a mem | (1) (b) Florida Statutes, the execution of this document enables of perjury that the facts stated herein are true. submitted in a document to the Department of State rovided for in s.817.155, F.S.) and or printed name of signee Filing Fees: | ં દ |
| Signature of a member of a mem | (1) (b) Florida Statutes, the execution of this document enables of perjury that the facts stated herein are true. submitted in a document to the Department of State rovided for in s.817.155, F.S.) | |