L14000174078

| (Requ | estor's Name) |) |
|------------------------------|----------------|-------------|
| (Addre | vcc) | |
| , (Addie | :55) | |
| (Addre | ess) | |
| (City/S | State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ess Entity Na | me) |
| (Docu | ment Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fili | ng Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



000265945640

11/07/14--01004--006 **130.00

1/5/15



COVER LETTER

| то: | Registration Section Division of Corporations | | |
|--------------|---|---|--|
| SUBJI | ECT: Stand Outdoors, LLC. Name of Li | mited Liability Company | |
| The en | closed Articles of Organization and fee(s) a | are submitted for filing. | |
| Please | return all correspondence concerning this r | natter to the following: | |
| | Lewis D. Kent | | 74 - 74 - 74 - 74 - 74 - 74 - 74 - 74 - |
| | | Name of Person | |
| | Stand Outdoors, LLC. | P. 70 | |
| | | Firm/Company | |
| | 1045 Surreywood Lane | Address | |
| | | Address | |
| | Lake Mary, Florida 32746 | City/State and Zip Code | |
| _lk | | | |
| | ent@standoutdoors.com E-mail address: (to be use | | ation) |
| For fur | ther information concerning this matter, ple | ease call: | |
| <u>Lewis</u> | D. Kent at (| 407) 687-4581 | |
| | Name of Person | Area Code Daytime Te | lephone Number |
| Enclos | ed is a check for the following amount: | | |
| □ \$125.0 | 0 Filing Fee | □\$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 | Street/Courier Add | ress |
| | Registration Section Division of Corporations | Registration Section Division of Corpora | tions |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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: | | | | |
|---|--|----------------|----------|---|
| Stand Outdoors, LLC. (Must end with the words "Limited L | .iability Company, "L.L.C.," or "LLC.") | | | |
| ARTICLE II - Address: The mailing address and street address of the principal off | ice of the Limited Liability Company is: | | | |
| Principal Office Address: | Mailing Address: | | | |
| 1045 Surreywood Lane Lake Mary, Florida 32746 | 1045 Surreywood Lane Lake Mary, Florida 32746 | | | |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R | egistered Agent. You must designate an individua | al or | | |
| another business entity with an active Florida registration. The name and the Florida street address of the registered a | | 3038. | 2814 } | |
| Lewis D. Kent | | | - AGN | |
| Name | ក់ ព | 25 20 20 | 7 | İ |
| 1045 Surreywood Lane Florida street address (P.O. Box 1 | NOT acceptable) | TINE THE | M II: 30 | D |
| <u>Lake Mary</u> City | <u>FL 32746</u> Zip | ラボ | 3 | |
| • | • | | | |

Having been named as registered agent and to accept service of process for the above stated limited liability company 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, F.S..

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

| Title: | A .1 . 7 . 3 3 4 . 1 | Name and Address: |
|----------------------------------|-----------------------------|--|
| | Authorized Member | |
| "MGR" = N MGR | lanager | Lauria D. Kona |
| WGK | | Lewis D. Kent |
| | | .1045 Surreywood Lane |
| | | Lake Mary, Florida 32746 |
| | | |
| | | |
| | | |
| | . | |
| | | |
| | | |
| | · | |
| | • | |
| (Use attach | nent if necessary) | |
| LEV: Effect | ive date, if other than the | date of filing: <u>1/5/15</u> (OPTIONAL) |
| ffective date i e of filing.) | s listed, the date must b | be specific and cannot be more than five business days prior to or 90 da |
| | provisions, if any. | |
| | | |
| | | |
| REQUIRE | <u>D</u> SIGNATURE: | |

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Lewis D. Kent

Typed or printed name of signee

NOV -7 AM II: 30

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-