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TAIL AHASSEE FLORIDA

J. Shivers DEC 0 9 2014

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	egistration Section Division of Corporations			
SUBJECT	: <u>DRF-1</u>	Name of Lin	fitters (LLC nited Liability Company)
The enclos	sed Articles of Organizat	ion and fee(s) ar	re submitted for filing.	
Please retu	irn all correspondence co	oncerning this m	atter to the following:	
		Troy E	Name of Person	<u> </u>
		DRF-1	Outfiters Firm/Company	
		319 L	Address	l C+
		akeland	F1 3380°	}
	E-mail add	to y batt	- 62 @ G mail.co	tion)
For further	information concerning	this matter, plea	ase call:	
Troy	Batterton Name of Person	at (863 602-76 Area Code Daytime Tel	ephone Number
Enclosed i	s a check for the following	ng amount:		
□ \$125,00 F		Filing Fee & ate 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 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:	
DRF-1 Outfitters	Liability Company, "L.L.C.," or "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 of	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
319 Louis Eduard Ct LAKeland F1, 33809	319 Louis Edward Ct. Lakeland Fl 33809
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	-
Troy Bat Name 319 Louis	-terton
Name	
319 Louis	Edward Ct
riorida succi addiess (r.c. Dox	(14671 acceptable)
Lakeland	FL 33809
City	Zip
the place designated in this certificate, I hereby accep capacity. I further agree to comply with the provisions of my duties, and I um familiar with and accept the ob-	rvice of process for the above stated limited liability company a of the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in the following the following the control of the following the follo
Registered Agent's Signa	ture (REQUIRED)
(CONTINU	(ED)
Page 1 of 2	PH 1:55

<u>Title:</u> " <u>AMBR" = Authorized Member</u>	Name and Address:					
"MGR" = Manager	Troy Batterton 319 Louis Edward Ct. Lakeland Florida 33809					
(Use attachment if necessary)						
ARTICLE V: Effective date, if other than the date of filing: November 25, 2014. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)						
REQUIRED SIGNATURE:	Batch					
(In accordance with section 665.0203 (constitutes an affirmation under the per	an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document salties of perjury that the facts stated herein are true, submitted in a document to the Department of State wided for in s.817.155, F.S.)					
Troy Imped	Batterton or printed name of signee					
\$125.00 Filing Fee for Articles of Organization 30.00 Certified Copy (Optional) 5.00 Certificate of Status (Optional)	Filing Fees: on and Designation of Registered Agent					
P	rage 2 of 2					

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: