15000/aa70

(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:
W14-000076327



200267510972

12/19/14--01029--006 **130.00

2015 JAN 12 PM 1: 53
SECRETARY OF STATE
ANASSEF FLORIDA

Office Use Only

(JAN 23 2015).BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 24, 2014

MICHAEL FRONDUTO 1600 MASSACHUSETTS AVE NE ST PETERSBURG, FL 33703

SUBJECT: BACKCOUNTRY VENTURE

Ref. Number: W14000076327

We have received your document for BACKCOUNTRY VENTURE and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 514A00027267

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT: BackCo	ountry Venture LLC	mited Liability Company	
	Name of Life	mited Liability Company	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	spondence concerning this n	natter to the following:	
Erich Ste	ephans		
		Name of Person	
BackCo _L	intry Venture LLC		
		Firm/Company	
<u>5317 Dit</u>	tany Ct Land O Lakes FL	_ 34639 Address	
Land Q L	akes, Florida		2
	(City/State and Zip Code	
Mfronduto@me	cojax.com		
	E-mail address: (to be use	d for future annual report notifica	ation)
For further information	n concerning this matter, ple	ase call:	⁷⁷
Erich Stephans	at (813 391-5790	LORI C
	ne of Person		lephone Number
Enclosed is a check fo	or the following amount:		
☐ \$125.00 Filing Fee	\$130,00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address	Street/Courier Add	<u>ress</u>

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

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:			
BackCountry Venture LLC (Must end with the words "Li	imited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the princ	sipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address;		
5317 Dittany Ct Land O Lakes. FL 34639	5317 Dittany Ct Land O Lakes, FL 34639	-	
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as it another business entity with an active Florida registered and the Florida street address of the registered in the server of t	s own Registered Agent. You must designate arfund stration.)	2015 JAN 12	TI
Erich Stephans	Name FL	PM 1 Y OF S	3
5317 Dittany Ct Florida street address (P.C	D. Box <u>NOT</u> acceptable)	: 53	
Land O Lakes	FL 34639		
City	Zip		
the place designated in this certificate, I hereby capacity. I further agree to comply with the provi of my duties, and I am familiar with and accept to	sept service of process for the above stated limited lia accept the appointment as registered agent and agre isions of all statutes relating to the proper and compl the obligations of my position as registered agent as Chapter 605, F.S	e to act in ete perfori	this nance
(CON	TINUED)		

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Erich Stephans
	5317 Ditany Ct
	Land O Lakes FL 34639
MGR	Michael Fronduto
	1600 Massachusetts ave Ne
	St Petersburg, FI 33702
MGR	Derek Oelsen
	3391 58th St N
	St Petersburg, Fl 33710
E V: Effective date, if other than the da	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the dective date is listed, the date must be of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
(Use attachment if necessary) E V: Effective date, if other than the descrive date is listed, the date must be if filing.) E VI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the dective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the descrive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the directive date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the dictive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of all (In accordance with section)	member or an authorized representative of a member.
E V: Effective date, if other than the dictive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of all (In accordance with section constitutes an affirmation un	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document adder the penalties of perjury that the facts stated herein are this.
E V: Effective date, if other than the dective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of all (In accordance with section constitutes an affirmation un I am aware that any false inf	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document and the penalties of perjury that the facts stated herein are formation submitted in a document to the Department of States.
E V: Effective date, if other than the dective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of all (In accordance with section constitutes an affirmation under I am aware that any false inforconstitutes a third degree fellower.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are formation submitted in a document to the Department of States only as provided for in s.817.155, F.S.)
E V: Effective date, if other than the dective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of all (In accordance with section constitutes an affirmation under I am aware that any false inforconstitutes a third degree fellower.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are formation submitted in a document to the Department of States only as provided for in s.817.155, F.S.)
EV: Effective date, if other than the dictive date is listed, the date must be filing.) EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation un I am aware that any false inficonstitutes a third degree fel	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are formation submitted in a document to the Department of States only as provided for in s.817.155, F.S.)
E V: Effective date, if other than the dictive date is listed, the date must be filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation un I am aware that any false inficonstitutes a third degree fel	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are floring only as provided for in s.817.155, F.S.)
EV: Effective date, if other than the dictive date is listed, the date must be filling.) EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation un I am aware that any false inficonstitutes a third degree fellows.)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are formation submitted in a document to the Department of States ony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: Drganization and Designation of Registered Agent

ARTICLE IV-

Page 2 of 2