## L150000066123

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJEC	CT: Radio Customs LLC  Name of Lin	nited Liability Company	
	osed Articles of Organization and fee(s) at	-	
	Gentry Odom	Name of Person	
	Radio Customs	Firm/Company	
	13750 Treeline Ave #2	Address	
	Fort Myers Florida 33928	ity/State and Zip Code	
<u>gen</u>	try@gentrythomas.com E-mail address: (to be used	d for future annual report notifica	tion)
For furth	er information concerning this matter, plea	ase call:	
Gentry (	Odom at (2  Name of Person		ephone Number
Enclosed	is a check for the following amount:		
\$125.00	Filing Fee Status  Certificate of Status	S155.00 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 Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

Radio Customs LLC (Must end with the words "I	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the prin	cipal office of the Limited Liability Company is:	
,		
Principal Office Address:	Mailing Address:	
13750 Treeline Ave #2	13750 Treeline Ave #2	
Fort Myers, Florida 33913	Fort Myers, Florida 33913	
	ts own Registered Agent. You must designate an individual of:	<u>-</u>
	ts own Registered Agent. You must designate an individual of	77 H
(The Limited Liability Company cannot serve as another business entity with an active Florida reg	ts own Registered Agent. You must designate an individual of	
(The Limited Liability Company cannot serve as another business entity with an active Florida reg  The name and the Florida street address of the reg	ts own Registered Agent. You must designate an individual of istration.)	
(The Limited Liability Company cannot serve as another business entity with an active Florida reg  The name and the Florida street address of the reg  Gentry Odom	ts own Registered Agent. You must designate an individual of istration.)  gistered agent are:	Mas on the
(The Limited Liability Company cannot serve as another business entity with an active Florida reg  The name and the Florida street address of the reg  Gentry Odom  10240 Olivewood Way	ts own Registered Agent. You must designate an individual of istration.)  gistered agent are:	Mas on the
(The Limited Liability Company cannot serve as another business entity with an active Florida reg  The name and the Florida street address of the reg  Gentry Odom  10240 Olivewood Way	ts own Registered Agent. You must designate an individual of istration.)  gistered agent are:	Mas on the

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

<u>litle:</u> AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
MGR Gentry Odom	10240 Olivewood Way #50
	Estero, Florida 33928
MGR Alan Dowell	1210 Del Prado Blvd. S
	Cape Coral Florida 33990
MGR Tom Alberts Jr	2339 North California Ave #47483 Chicago IL 60647
<del></del>	
V: Effective date, if other than the date trive date is listed, the date must be sp	e of filing:
V: Effective date, if other than the date ctive date is listed, the date must be sp filing.)  VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) EVI: Other provisions, if any.	of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) EVI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 9
ctive date is listed, the date must be sp f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation undil am aware that any false information of the section for the section of t	ecific and cannot be more than five business days prior to or 9
CV: Effective date, if other than the date entire date is listed, the date must be specifiling.)  CVI: Other provisions, if any.  Signature of a me (In accordance with section 60 constitutes an affirmation undid am aware that any false information of the constitutes are described.	ember of an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.  That is a document to the Department of State may as provided for in s.817.155, F.S.)

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