Division of Corporations



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Division of Corporations

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: (323)962-8600

Fax Number

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## FLORIDA LIMITED LIABILITY CO. Gut Boys, LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$155.00

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## COVER LETTER

TO: Registration of	on Section Corporations					
SUBJECT: <u>Gul B</u>		imited Liability Company				
	es of Organization and fee(s) a	<del>-</del>				
Please return all corr	respondence concerning this n	natter to the following:				
Chever	ne Moseley		***************************************	<del></del>		
		Name of Person				
<u>LegalZ</u>	com.com, Inc.					
		Firm/Company				
_100 W	Broadway, Suite 100			·1 <del></del>	29	
		Address	7	- (3) - (3)	¥	
Glendal	e. CA 91210				HAY 27	974
		City/State and Zip Code		3.7 7.7 1.0 1.7 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0		g pso
<u>cnlinefilings@</u>	legalzoom.com E-mail address; (to be use	ed for future annual report notifica	ation)	13. S	1	\$ 2577
For further informati	on concerning this matter, pic	ase call:		STATE	AM 10: 39	`&
<u>Chevenne Mosele</u> Na	me of Person		25 lephone Number			
Enclosed is a check f	or the following amount:					
☐ \$125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	[2]\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee Certificate of Status Certified Copy (additional copy is end	s &		
	ulling Address gistration Section	Street/Courier Addl Registration Section	ress_			

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 Lit	te; nited Liability Company is:		
	mounty Company is:		
Gut Boys, LLC			
	(Must end with the words "Limited	d Llability Company, "L.L.C.," or "LLC.	")
ARTICLE II - Add The mailing address		office of the Limited Liability Company i	s:
Principal Office Ac	ldress:	Mailing Address:	
4603 West Brown Tampa, FL 3362			
(The Limited Liabil	gistered Agent, Registered Office, ity Company cannot serve as its own tity with an active Florida registration	Registered Agent. You must designate a	n individual or
The name and the F	lorida street address of the registered	d agent are:	2015 MAY 27
	United States Corporation Ag	/	200 2
	Name	•	São 2
	13302 Winding Oaks Court, S	Suite A	
	Plorida street address (P.O. Box	x <u>NOT</u> acceptable)	
	Tampa	FL 33612-3425	
	City	Zip	3 3 S
		rvice of process for the above stated limit	ed liability company at

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)

Cheyenne Moseley, United States Corporation Agents, Inc.

(CONTINUED)

Page I of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Michael Kedow
	4603 West Browning Ave. Tampa, FL 33629
	18mpa_Ft_ 33029
AMBR	Logan Clemens
	4603 West Browning Ave.
	Tampa, FL 33629
AMBR	Jack Koehler
	4603 West Browning Ave.
	Tampa, FL 33629
AMBR	George Spofford
7 (14)(5)(	4603 West Browning Ave.
	Tampa, FL 33629
(Use attachment if necessary)  EV: Effective date, if other than the dective date is listed, the date must be of filing.)	date of filing:
EV: Effective date, if other than the cective date is listed, the date must be	date of filing:
E V: Effective date, if other than the active date is listed, the date must be f filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 day.
E V: Effective date, if other than the certive date is listed, the date must be if filing.)	date of filing:
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E V: Effective date, if other than the extive date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 days.  Member or an authorized representative of a member.
E V: Effective date, if other than the certive date is listed, the date must be if filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a	member or an authorized representative of a member. a 605.0203 (1) (b), Florida Statutes, the execution of this document
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## Attachment to

# Articles of Organization for

Gut Boys, LLC

Additional members of the Limited Liability Company are:

Name of Member	<u>Address</u>
Hunter Baldwin	4603 West Browning Ave., Tampa, FL 33629
Hannibal Baldwin	4603 West Browning Ave., Tampa, FL 33629
Alec Alfonso	4603 West Browning Ave., Tarnna, FL, 33629

2015 MAY 27 AN IO: 31