Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-536R

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. Fishing Hardcore, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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6/2/2015

COVER LETTER

	egistration Section livision of Corporations	
SUBJEC	Fishing Hardcore, LL.C Name of Limited Liability Company	
The enclo	ed Articles of Organization and fee(s) are submitted for filing.	
Please ret	rn all correspondence concerning this matter to the following:	
	Corinne Lawson Name of Person	
	Barnes & Thomburg, LLP Firm/Company	
	225 S 61h Street, Suite 2800 Address	
	Minneapolis, MN 55402 City/State and Zip Code	
	Corinne lawson@htlaw.com E-mail address: (to be used for future annual report notification)	
For furthe	information concerning this matter, please call:	
	Name of Person Area Code Daytime Telephone Number	
Enclosed	s a check for the following amount:	
§ \$12 5.00 l	iling Fee Satus Sign Sign Sign Sign Sign Sign Sign Sign	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FISHING HARDCORE LLC

ARTICLE 1 - Name

The name of the limited liability company is: Fishing Hardcore LLC.

ARTICLE II - Address

The mailing address and street address of the principal office of the limited liability company is 1131 Twin Oak Court, Marco Island, Florida 34145.

ARTICLE III Management

The Company shall be a member managed company.

ARTICLE III Registered Agent, Registered Office and Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Benjamin E. Olsen 1131 Twin Oak Court Marco Island, Florida 34145

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, Florida Statutes.

Registered Agent

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ARTICLE IV Manager(s) or Managing Member(s)

The name and address of the sole Managing Member is as follows:

Managing Member:

Benjamin E. Olsen

1131 Twin Oak Court

Marco Island, Florida 34145

Dated:	June_2_	1	20	15	
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REQUIRED 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.)

Filing Fees: \$125.00

\$ 30.00 \$ 5.00 Filing Fee for Articles of Organization & Designation of Registered Agent

Certified Copy (Optional)
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