

L15000145687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

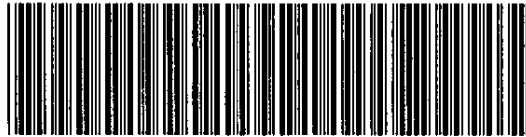
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07/06/15--01016--019 **138.75

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11/6/2014

FILED
15 AUG 28 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Q-Bureau AUG 31 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Neighborhood Bait -N- Tackle Box, LLC
Name of Limited Liability Company

RECEIVED AUG 28 2015

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY Hamilton

Name of Person

Firm/Company

1012 East HOWARD Ave.

Address

DeLand, FL 32724

City/State and Zip Code

N/A

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY Hamilton at (352) 361-3146

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate 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

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2015

PAMELA HAMILTON
1012 EAST HOWRY AVE
DELAND, FL 32724

SUBJECT: NEIGHBORHOOD BAIT & TACKLE BOX, LLC
Ref. Number: W15000046334

We have received your document for NEIGHBORHOOD BAIT & TACKLE BOX, LLC and your check(s) totaling \$138.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 615A00014379

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. – Name:

The name of the Limited Liability Company is:

Neighborhood Bait & Tackle Box, LLC

ARTICLE II. – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1012 East Howry Avenue
DeLand, Florida 32724

Mailing Address:

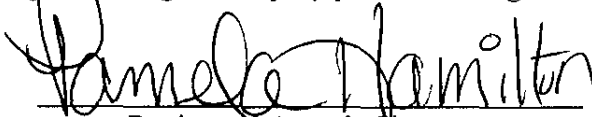
1012 East Howry Avenue
DeLand, Florida 32724

ARTICLE III. – Registered Agent, Registered Office & Registered Agent's Signature:

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

Pamela Hamilton
1012 East Howry Avenue
DeLand, Florida 32724

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

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TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

Title:

Manager

Name and address:

Gary Hamilton
1012 East Howry Avenue
DeLand, Florida 32724

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V – Effective Date, if other than the date of filing:_____.
(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:

Gary Hamilton Sr.
Signature of Manager or Authorized Representative

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

GARY HAMILTON