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(City/State/Zip/Phone #)	-
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GULF COAST ANGLER, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
John E. O'Hearon II Name of Person
GULF COAST ANGLER LLC Firm/Company
2409 SW 17th Place Address
CAPC CORAL, FL 33914 City/State and Zip Code gcabait bucket @ gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John O'Hearon at (239) 770-6924 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Street Address New Filing Section
D' CO

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing 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:			
Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
(Must end with the words Limited Liability Company, L.E.C., or LLC.)			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Mailing Address:			
Cape CORNE, FL 33914 Cape Cornel, FL 33914	, 14		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	ALL MANAGEMENT	15 OEC 31	errer sagra t el 13. In roa vecta y rus vector
John E. O'HEARON -II		P	197
Florida street address (P.O. Box NOT acceptable)	ACIDA	6U th	The same
Egge Coral FL 33914			

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..

State

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Zip

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	John E. O'Hearon I
	Cape CORPL FL 33914
MGR	Julie A. O'Hearon
mar	DENINIS CANY 122ARD
	14771 Hale-in-one Circle, UNIH 12:10 5
MGR	LOUISE CANNIZZARO W
	FT. MYCKS, FL 33919
(Use attachment if necessary)	F1.077
CLEV: Effective date if other than t	he date of filing: / JANUARY, 2016. (OPTIONAL)
tarreen re unio, il cullet little ti	
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-.