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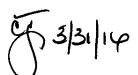


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COVER LETTER

TO: Registration Section Division of Corporations	i i i i i i i i i i i i i i i i i i i
SUBJECT: FISHIN . Name of Li	Shack L.L.C. imited Liability Company
The enclosed Articles of Organization and fee(s) a	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
RICHAG	PAD. KEELE Name of Person
FISA	hin Shack Firm/Company
Wewa H	Address 1 + ch KA, FL 32465 City/State and Zip Code 1 A CK @ YA HOO, COM
E-mail address: (to be use	City/State and Zip Code A-OK @ YA HOO , COM d for future annual report potification)
For further information concerning this matter, pleas	•
Richard D. Keele at (850 , 899 - 303 5 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 & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address

New Filing Section
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

HAR 28

EFFECTIVE DATE 03 23 10

· ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	FILED
FISHINSHACK L.L.C.	16 HAR 28 PM 3-27
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	TATE OF DATE
	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2

ARTICLE II - Address:

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

Principal Office Address:	<u> Mailing Address:</u>
Fishinshack	FISHINSHACK
1161 STONEMILL CRKRd	1161 STONEMIN CRE RL
Wewe HitchKA, FL 32465	Wewa Hitchka, FL 32465
•	· ·

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:

Pichsed D. KEELE

Name

1/6/ STONEM!/ CRK Road

Florida street address (P.O. Box NOT acceptable)

KWAHITCHKA, FL 32465

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 ply position as registered agent 4s provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager MGR & R	Name and Address: Richard Davis KEELE View of Hitch Ka Ct. 32465
MGR	Amanda L. KEELE 1161 STONEMINICH Road Wewastitchen, FL 32465
	
(Use attachment if necessary)	date of filing: 3-23-16 (OPTIONAL)
an effective date is listed, the date must be date of filing.)	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be liste
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURED	Dams Keele_
This document is exe	n member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
•	

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-

Page 2 of 2