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Office Use Only



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COVER LETTER

TO:	Registration S Division of Co				
SUB.	JECT: Gulf Coast	L.E.D Outfitters LLC			
		(Name o	of Resulting Flo	rida Limite	ed Company)
			_		nd fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Pleas	e return all cor	respondence conce	rning this ma	itter to:	
Joseph	Sulzhach				
		(Contact Person)			
Gulf C	oast L.E.D Outfitte	rs LLC			
		(Firm/Company)			
4281 T	omahawk trail				
		(Address)			
Milton	, FL,32583				
	(Ci	ty, State and Zip Code)		_	
Jsulz81	l@gmail.com				
E-r	nail Address: (to b	e used for future annua	l report notifica	tions)	
For fu	irther information	on concerning this n	natter, please	e call:	
Joe Sui	lzbach		_at <u>(⁸⁵⁰</u>	572-14	115
	(Name of Conta	ct Person)	(Area C	Code Dayt	time Telephone Number)
Enclo	sed is a check	for the following am	ount:		
(\$25 fc & \$125	60.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certifie	_	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Regis Divisi Cliftor	EET ADDRESS stration Section on of Corporati n Building Executive Cen	ons	Re Div P. O	gistratio ision of 0 . Box 63	DDRESS: n Section Corporations 327 ee, FL 32314

INHS11 (0615)

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:	
Gulf Coast L.E.D Outfitters LLC		
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limit	ed Liability Company is:
Principal Office Address:	Mailing Address:	
4281 Tomahawk trail	4281 Tomahawk trail	
Milton, FL, 32583	Milton, FL, 32583	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)		
The name and the Florida street address	s of the registered agent are:	
Joseph Sulzbach		
N	ame	
4281 Tomahawk trail		
Florida street addres	s (P.O. BMQT acceptable)	
MILTON	FL 32583	
City	Zip	
Having been named as registered age	nt and to accept conjugate process	s for the above stated lim

Having been named as registered agent and to accept service of process for the above stated limite 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)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Joseph Sulzbach
	4281 Tomahawk trail
·	Milton, FL, 32583
(Use attachment if necessary)	the date of fillight 2/2016 (ODTIONAL)
TICLE V: Effective date, if other that an effective date is listed, the date or 90 days after the date of filing.) ie: If the date inserted in this block does not	n the date of filing 12/2016 . (OPTIONAL) must be specific and cannot be more than five business da meet the applicable statutory filing requirements, this date will not be listed a
ATICLE V: Effective date, if other that an effective date is listed, the date or 90 days after the date of filing.) te: If the date inserted in this block does not aument's effective date on the Department of States.	n the date of filing 2/2016 . (OPTIONAL) must be specific and cannot be more than five business day meet the applicable statutory filing requirements, this date will not be listed a
RTICLE V: Effective date, if other that an effective date is listed, the date or 90 days after the date of filing.)	n the date of filing 2/2016 . (OPTIONAL) must be specific and cannot be more than five business day meet the applicable statutory filing requirements, this date will not be listed a
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ATICLE V: Effective date, if other that an effective date is listed, the date or 90 days after the date of filing.) te: If the date inserted in this block does not ument's effective date on the Department of State ATICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer This document is executed I am aware that anylise info	n the date of filing 2/2016 . (OPTIONAL) must be specific and cannot be more than five business day meet the applicable statutory filing requirements, this date will not be listed a
TICLE V: Effective date, if other that an effective date is listed, the date or 90 days after the date of filing.) e: If the date inserted in this block does not iment's effective date on the Department of State TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mere This document is executed I am aware that anylise into	must be specific and cannot be more than five business day meet the applicable statutory filing requirements, this date will not be listed a te's records. The or an authorized representative of a member. The cordane with section 605.020(3) (b), Florida Stattes. The mation submitted in a document to the epartment of State

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