(Re	questor's Name)	
. (Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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C. GOLDEN

JAN 2 3 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Hunting and Fishing to Live 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:	
Colt W. Williams Name of Person	
Firm/Company	
P.D. Box 21107	
Address	7 J
Tallahassee FI 32316	MAN 2
City/State and Zip Code	PILED 123 PM ASSEE, F
weelle @ live.com	
E-mail address: (to be used for future annual report notification)	2: 26 LORIDA LORIDA
For further information concerning this matter, please call:	16A 16A
Colt Williams at 850 364 - 6028 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified Co	of Status &
Mailing Address Street Address	
New Filing Section New Filing Section	
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

FILED

17 JAN 23 PM 2: 26

Mailing Address:

ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	cannot serve as its own	n Registered A		
The name and the Florida street	~	_		
	Colt	\mathcal{W}	Willia	ms_
		Name		_
	715	Little	John "	<u>Rd</u>
	Florida street addre	ss (P.O. Box)	NOT acceptable)	
	——— · · ·	~		771/7

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

Principal Office Address:

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	17	TLED
"AMBR" = Authorized Member		17 JAN	23 PH
"MGR" = Manager	Colt Williams	S SEMILIA DO TALLAHAS 323/6	in'i es. e
	P.D. Box 211	OT TALLAHAS	SSEE FI
	Tallahossee Fl	323/6	
			
·			
			
			
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