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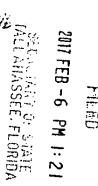
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COVER LETTER

"ŢO:	Registration Division of	i Section Corporations		
SUBJI	ECT: <u>C Bass</u>	Lures LLC Name of Lir	mited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	natter to the following:	
	Charles	Harmon Jr		
			Name of Person	
			Firm/Company	
	9351 Ba	hia Rd		
			Address	
	Ocala, F	L 34472		
		(City/State and Zip Code	
<u>_cl</u> :	sams06@aol	com E-mail address: (to be use	d for future annual report notifica	ition)
For fur	ther informatio	n concerning this matter, ple		,
Charle	es Harmon Jr Nar	at (at (352) 277-4225 Area Code Daytime Tel	lephone Number
Enclos	ed is a check fo	or the following amount:		
\$125.0	0 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		iling Address istration Section	Street/Courier Adda Registration Section	ress

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

Registration 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:				
C Bass Lures LLC	- , , , , , , , , , , , , , , , , , , ,		_	
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or	"LLC.")		
ARTICLE II - Address:				
The mailing address and street address of the principal	office of the Limited Liability Com	pany is:		
Principal Office Address:	Mailing Address:			
Timepar Office Address.	Maning Muliciss.			
9351 Bahia Rd	9351 Bahia Rd		_	
Ocala, FL 34472	Ocala, FL 34472		_	
			_	
ARTICLE III - Registered Agent, Registered Office	e, & Registered Agent's Signature	:		
(The Limited Liability Company cannot serve as its ow		gnate an indiv	∕idual o	or
another business entity with an active Florida registrat	ion.)			
The name and the Florida street address of the registere	ed agent are:			
Charles Harmon Jr				
Nan	ne			
0054 P-12- P-1				
9351 Bahia Rd Florida street address (P.O. B	ov NOT acceptable)			
1 fortula sheet address (1.0. D	ox 1401 acceptable)			
Ocala	FL 34472			
City	Zip			
Having been named as registered agent and to accept	sarvice of process for the above state	ed limited ligh	ilitu co	mpanu a
the place designated in this certificate, I hereby acco				
capacity. I further agree to comply with the provision	ns of all statutes relating to the prope	r and comple	te perfo	rmance
of my duties, and I am familiar with and accept the c		ed agent as p	rovidea	l for in
2 /	npter 605, F.S			
///x 0.	9-41	W Z	22	
West		<u></u>	≡	
Registered Agent's Sign	nature (REQUIRED)	至在	E33	
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(5511511)		<u> </u>	72	
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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Charles Harmon Jr
Z 1171 E 2 1	9351 Bahia Rd
	Ocala, FL 34472
	Ocaia, 1 E 0447 2
Name of the Control o	
(Use attachment if necessary)	
of filing.)	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 day
of filing.)	ific and cannot be more than five business days prior to or 90 day
of filing.)	ific and cannot be more than five business days prior to or 90 day
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REQUIRED SIGNATURE: Signature of a memi	ific and cannot be more than five business days prior to or 90 day
REQUIRED SIGNATURE: Signature of a memi (In accordance with section 605.0	ther or an authorized representative of a member. 10203 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE: Signature of a memi (In accordance with section 605.0 constitutes an affirmation under the section of the	ther or an authorized representative of a member. 10203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE: Signature of a memi (In accordance with section 605.6 constitutes an affirmation under to I am aware that any false information)	aber or an authorized representative of a member. 10203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State
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