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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: WAKULLA COUNTY FISHING COMPANY 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:	
TERRY A PALMER	
Name of Person	
WAXULLA COUNTY FISHING COMPANY Firm/Company	
324 MASHES SANDS RD, Address	17
PANACEA FL, 32346 City/State and Zip Code T PALMER 53166 MATL, COM E-mail address: (to be used for future annual report notification)	편경 772
City/State and Zip Code	<u>1</u>
7 PALMER 5310 GMATL, COM	
E-mail address: (to be used for future annual report notification)	3
For further information concerning this matter, please call:	50 :
TYRONE JESTER at (765) 591-3322 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$	sed)

Mailing Address

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	1-1	ame:		
TOI .	C .1	* * * *.	1 * * 7 *1*.	~

The name of the Limited Liability Company is:

WAKULLA COUNTY FISHING COMPANY LLC
(Must contain the words "Limited Liability Company, "L.L.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:
324 MASHES SANDS 32	4 MASHES SANDS
PANACEA FL. PA	NACEA FL.
32346	32346

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:

TERRY A PALMER

Name

324 MASHES SANDS RD

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

PANACEA FL, 32346

City State Zip

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)

The name and address of each perso	n authorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	TERRY PALMER 324 MASHES SANDS PANACEA FL. 32346
AMBR	TY RONE JESTER SI SI MMONS CT. PANACER FL. 32346
AMBR	RALPH TESTON 34 PARK DR. PANACEA FL. 32346
AMBR	LINDSEY ROWLEY 1275 BAYVIEW DR. ALLIGATOR PT. 32346
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as nent of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Pal-
Signature of This document is en I am aware that any	a member or an authorized representative of a member. secuted 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.
TER	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)