

L17000234083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

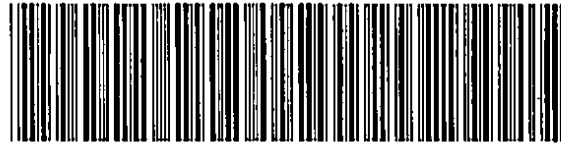
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800305320818

11/14/17--01012--003 **130.00

J REYES
NOV 14 2017

FILED
17 NOV 14 PM 5:42
FBI - ALBUQUERQUE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: THE OUTDOOR STANDARD
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:

Antonio Alicea
Name of Person

The Outdoor Standard
Firm/Company

1275 66th St. N. #48664
Address

St. Petersburg FL 33710
City/State and Zip Code

THEOUTDOORSTANDARD@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARISSA MAZZOLA at (727) 238-1919
Name of Person 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 & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 I - Name:

The name of the Limited Liability Company is:

THE OUTDOOR STANDARD 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:

1275 66th St. North #48664
St. Petersburg FL 33710

Mailing Address:

1275 66th St North #48664
St. Petersburg FL 33710

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:

ANTONIO ALICEA

Name

5736 17th AVE N

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

St. Petersburg FL

City

State

33710-5127

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Alicea

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
NOV 14 2014
11:54 AM
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
ST. PETERSBURG, FLORIDA

17 NOV 14 PM 5:42

FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Marissa Mazzola

14130 N. Bayshore Dr

Madeira Beach FL 33708

(Use attachment if necessary)

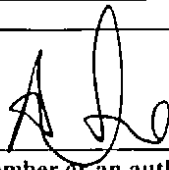
ARTICLE V: Effective date, if other than the date of filing: Nov. 7th 2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Antonio Aliea

Typed or printed name of signer

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)

STATE OF FLORIDA
FALL 2017

17 NOV 14 PM 5:42

FILED