

L170002582194

2017-12-19 14:48:57 CST

10062372310 From: CLS-CTSB-BFI BFI Processing Fax

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000332268 3)))



H170003322683ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

J REYES
DEC 19 2017

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Have Gun Will Travel of NWF LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

17 DEC 19 PM 4:27

17 DEC 19 PM 4:27

FILED
17 DEC 19 PM 5:53
17 DEC 19 PM 5:53

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # H170003322683

**ARTICLES OF ORGANIZATION
OF
Have Gun Will Travel of NWF LLC**

ARTICLE I NAME

The name of the limited liability company is: Have Gun Will Travel of NWF LLC

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be:
7246 Broadmoor St, Navarre, Florida 32566.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Brett Saylor, 7246 Broadmoor St, Navarre, Florida 32566. Located in the County of Santa Rosa.

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.

Signature: 
Brett Saylor

Date: 12/19/17

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:
Brett Saylor, 7246 Broadmoor St, Navarre, Florida 32566

FAX AUDIT # H170003322683

RECEIVED
17 DEC 19 PM 5:52
FBI
MILWAUKEE
17 DEC 19 PM 5:52

FAX AUDIT # H170003322483

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.


Brett Saylor, Organizer

Date: 12/19/17

Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

FILED
17 DEC 19 PM 5:52
TALLAHASSEE STATE
CAPITAL BUILDING

FAX AUDIT # H170003322483