

L18000253429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

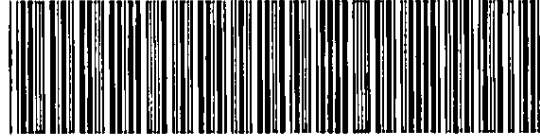
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/29/18--01036--004 **125.00

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AT THE CLERK OF COURT
CLERK OF COURT

**LAW OFFICE OF
MARTIN D. SCHWEBEL, P.A.
ATTORNEY AT LAW
TEL - (407) 896-6633
FAX - (407) 896-8890**

1516 East Colonial Drive
SUITE 100
ORLANDO, FLORIDA 32803

PLEASE REPLY TO:
P.O. BOX 941664
MAITLAND, FLORIDA 32794-1664

October 22, 2018

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

Re: McAlister Outdoors, LLC

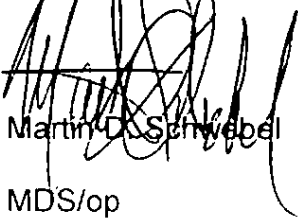
Gentlemen:

The enclosed Articles of Organization and Fees are submitted for filing. Please return all correspondence concerning this matter to the following:

Martin D. Schwebel, Esquire
1516 East Colonial Drive, Suite 100
Orlando, Florida 32803

Your immediate attention in this matter is appreciated.

Very truly yours,



Martin D. Schwebel

MDS/op

enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

McAlister Outdoors, LLC

ARTICLE II - Address

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

Principal Office Address:

610 Fellowship Drive
Fern Park, Florida 32730

Mailing Address:

610 Fellowship Drive
Fern Park, Florida 32730

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Martin D. Schwebel, Esquire
1516 East Colonial Drive, Suite 100
Orlando, Florida 32803

Having been named as registered agent and to accept service for the above stated limited liability company at the place designated in the 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 608, F.S.


MARTIN D. SCHWEBEL, Registered Agent

ARTICLE IV - Manager(s) or Managing Member(s)

The name and address of each Manager or Managing Member is as follows:

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JACKSONVILLE, FLORIDA

Title:

"MGR" = Manager

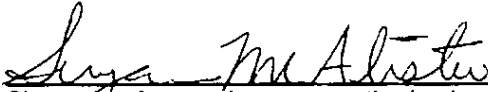
Name and Address:

Suzann McAlister
610 Fellowship Drive
Fern Park, Florida 32730

ARTICLE V

Effective date, if other than date of filing _____ (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.)

REQUIRED SIGNATURE:



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

SUZANN McALISTER

Printed name of signee

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FERN PARK, FLORIDA