

L19000151350

(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



400330841914

06/17/19--01008--004 \*\*125.00

RECEIVED  
CLERK OF STATE  
19 JUN 17 AM 11:22

FILED  
2019 JUN 17 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 18 2019

**CORPORATE  
ACCESS,  
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 fax (850) 222-1666

**WALK IN**

PICK UP:

6/17

☐ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

LLC

1.

Gulf Coast Fly Fishing, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

FILED  
2019 JUN 17 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

Gulf Coast Fly Fishing, LLC

**ARTICLE II - ADDRESS**

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

**Principal Office Address:**

484 45<sup>th</sup> Avenue Northeast  
St. Petersburg, Florida 33703

**Mailing Address:**

484 45<sup>th</sup> Avenue Northeast  
St. Petersburg, Florida 33703

**ARTICLE III - INITIAL REGISTERED AGENT,  
REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE:**

The name and the Florida street address of the Registered Agent are:

Bradley M. Lowman  
484 45<sup>th</sup> Avenue Northeast  
St. Petersburg, Florida 33703

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  
(Bradley M. Lowman)

**ARTICLE IV - MANAGEMENT**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Bradley M. Lowman  
484 45<sup>th</sup> Avenue Northeast  
St. Petersburg, Florida 33703

**ARTICLE V - EFFECTIVE DATE**

Effective date, if other than the date of filing: N/A.

**ARTICLE VI - OTHER PROVISIONS**

Other provisions, if any:

None



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

(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 Section 817.155, F.S.)

**Bradley M. Lowman**

Typed or printed name of signee.