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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

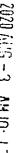
Office Use Only

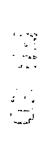


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H. SEE, FL





COVER LETTER

	New Filing Section Division of Corporations				
SUBJEC	Insane Fishing Gear LLC				
SOBJEC		Limited Liah	ility Company		
The encle	osed Articles of Organization and fee(s)	are submitte	ed for filing.		
Please ret	turn all correspondence concerning this	matter to the	: following:		
	Thomas Hebert				
		Name o	of Person	· · · · · · · · · · · · · · · · · · ·	_
	Insane Fishing Gear LLC				
		Firm/C	Company		
	931 Medford Avenue				
		Ado	dress		_
	Pensacola, Florida, 32505				
	Thomas_Hebert@aol.com	City/State a	ind Zip Code		_
	E-mail address: (to be us	ed for future	annual report notificati	on)	_
For further	information concerning this matter, plea	ase call:			
	Thomas Hebert	850	554-9303		
	Name of Person	Area Code	Daytime Telephone	: Number	
Enclosed i	s a check for the following amount:				
□\$125.00	D Filing Fee ■\$130.00 Filing Fee Certificate of Status	Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fer Certificate of Status of Certified Copy (additional copy is encl	K.
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Div The Centre of Tallaha. 2415 N. Monroe Stree Tallahassee, FL 32303	ssee t. Suite 810	;

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ing Gear LLC. 1st contain the words "Limited	Liability Company.	"L.L.C." or "LLC.")	~	
ARTICLE II - Address: The mailing address and s	street address of the principal	office of the Limited	Liability Company is:		
<u>P</u>	rincipal Office Address:		Mailing Address:		
931 Medford		931	931 Medford Avenue		
Pensacola, Fl	<u>orida.</u> 32505	<u>Pensa</u>	Pensacola, Florida, 32505		
another business entity w	inpany cannot serve as its own ith an active Florida registration street address of the registere	on.)	ou must designate an individual or		
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(CONTINUED)

ARTICLE IV-

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

### Authorized Member AMBR / Owner = Thomas Hebert			
AMBR / Owner = Thomas Hebert 93 Medford Avenue Pensacola, Florida, 32505 Effective date, if other than the date of filing: FILING DATE (OPTIONAL) e date is listed, the date must be specific and cannot be more than five business days prior to ong.) date inserted in this block does not meet the applicable statutory filing requirements, this date will 's effective date on the Department of State's records. Either provisions, if any. DUIRED SIGNATURE: Thomas Hebert Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statut I am aware that any false information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a focunient to the Department of State information submitted in a focunient to the Department of State information submitted in a focunient to the Department of State information submitted in a focunient to the Department of State information submitted in a focunient to the Department of State information submitted in a focunient to the Department of State information submitted in a focunient to the Department of State information submitted in a focunient to the Department of State information submitted in a focunient to the Department of State information submitted in a focunient to the Department of State information submitted in a focunient to the Department of State information submitted in a focunient to the Department of State information submitted in a focunient to the Department of State information submitted in a focunient to the Department of State information submitted in a focunient to the Department of State information submitted in a focunient to the Department of State information submitted in a focunient to the Department of State information submitted in a focunient information submitted in a focu	a iviember		
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INSANE FISHING GEAR LLC THOMAS ODAY HEBERT JR SOLE MBR 931 MEDFORD AVE PENSACOLA, FL 32505

Date of this notice: 05-06-2020

Employer Identification Number:

85-0957060

Form: SS-4

Number of this notice:

€P 575 Ġ

2020

For assistance you may call us at: Π_{G} 1-800-829-4933

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IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 85-0957060. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is INSA. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.