

# L20000263024

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

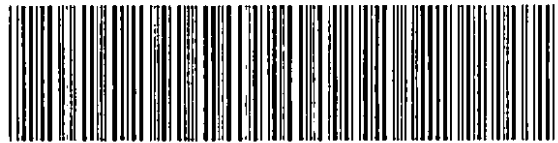
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Page 16301*

Office Use Only



300350686983

08/20/20--01013--004 ++130.00

RECEIVED

2020 AUG 20 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 SEP -2 PM 1:06

FILED

N C 1111

AUG 21

Marian Lamb

Requester's Name

Address

City/State/Zip

Phone

850 385 0501

Call when Done

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

Saltyducks LLC

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

☒ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of Status



RECEIVED

2020 SEP -2 PM 12:57

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2020

MARION LAMB

SUBJECT: SALTYDUCKS, LLC  
Ref. Number: W20000093050

We have received your document for SALTYDUCKS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 720A00016010

**FILED**

2020 SEP -2 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION**

**FOR**

**SALTYDUCKS OUTFITTERS, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name:**

The name of the Limited Liability Company is: SALTYDUCKS OUTFITTERS, LLC

**ARTICLE II**

**Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 128 Garner Circle North, Crawfordville, Florida 32327.

**ARTICLE III**

**Effective Date and Duration:**

The Effective Date shall be the date of filing and the period of duration for the Limited Liability Company shall be for a term of 50 years from the date of filing of these Articles of Organization unless sooner terminated in accordance with the Company's regulations or by unanimous written agreement of all members of the Company.

**ARTICLE IV**

**Purpose:**

The Company is authorized to engage in any activity or business now or hereafter authorized by Florida law.

**ARTICLE V**

**Management:**

The Limited Liability Company is to be managed by a manager elected by the members in accordance with the Company's regulations and is a manager managed Company, and the name and address of the initial manager is: John Caleb Joiner, 128 Garner Circle North, Crawfordville, Florida 32327.

**ARTICLE VI**  
**Admission of Additional Members:**

Except as specifically provided in an operating agreement executed by all members, no member may sell, transfer, pledge or hypothecate in any manner his, her or its ownership interest in the Company (except for a transfer to an existing Member), unless all of the other Members of the Company (other than the Member proposing to sell, transfer or dispose of his, her or its ownership interest) approve of such proposed transfer or assignment of any Member's interest in the Company by unanimous written consent. Without such consent, a transferee of such membership interest shall have no right to participate in the management of the business and affairs of the Company or to become a substitute Member. The transferee shall be entitled to receive only the share of profits or other compensation by way of income and the return of contributions to which the transferee Member otherwise would be entitled.

**ARTICLE VII**  
**Members Rights to Continue Business:**

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolve without the prior written consent of all remaining Members of the Company.

  
\_\_\_\_\_  
JOHN CALEB JOINER

(In accordance with section 605.0201, Florida Statutes, the execution of this Affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE DESIGNATING REGISTERED OFFICE  
AND REGISTERED AGENT**

In compliance with Section 605.0201, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the state of Florida.

1. The name and the Florida street address of the registered agent is:

Marion D. Lamb, III  
217 Pinewood Drive  
Tallahassee, Florida 32303

**ACKNOWLEDGMENT:**

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 Florida Statutes.



MARION D. LAMB, III

Registered Agent

Dated: September 2, 2020

2020 SEP -2 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED