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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

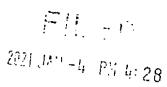


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2021 JAN - 4 PN 4: 28

COVER LETTER



New Filing Section
Division of Corporations

TO:

Off The Hook Fort Walton Beach LLC SUBJECT:
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Taylor Micheal Stewart
Name of Person
Off The Hook Fort Walton Beach
Firm/Company
25 Highlands Dr
Address
Fort Walton Beach Fl 32548
City/State and Zip Code stewarttaylor74@yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Taylor Stewart 330 559-0494
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee U\$\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			'		
			2921 JAM - 4 PM 6: 28		
Off The Hook Fort W	alton Beach				
(Must conta	in the words "Limited Li	ability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	dress of the principal off	ice of the Limited	Liability Company is:		
<u>Principa</u>	l Office Address:		Mailing Address:		
25 Highlands Dr		25 H	lighlands Dr		
Fort Walton Beach Fl	32548	Fort	Walton Beach Fl 32548		
ARTICLE III - Registered Age (The Limited Liability Company- another business entity with an ad The name and the Florida street a	cannot serve as its own R etive Florida registration.	egistered Agent. '	nt's Signature: You must designate an individual or		
	Laura Davis Stewart				
		Name			
	25 Highlands DR				
	Florida street address (P.O. Box <u>NOT</u> a	cceptable)		
	Fort Walton Beach	FL	32548		
	City	State	Zip		

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 (REQUIRED)

(CONTINUED)

ARTICLE IV-

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		
MGR	Taylor Micheal Stewart 25 highlands Dr	
	Fort Walton Beach Fl 32548	
	TOTO TO THE TOTAL THE TOTAL TO THE TOTAL TOT	
		
(Use attachment if necessary)		
TCLE V: Effective date, if other than the da n effective date is listed, the date must be s late of filing.)	te of filing:	
TCLE V: Effective date, if other than the date in effective date is listed, the date must be slate of filing.) E: If the date inserted in this block does not document's effective date on the Department of the	specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be listent of State's records.	
TCLE V: Effective date, if other than the date in effective date is listed, the date must be slate of filing.) E: If the date inserted in this block does not document's effective date on the Department of the	specific and cannot be more than five business days prior to or 90 days at t meet the applicable statutory filing requirements, this date will not be liste	
TCLE V: Effective date, if other than the date of filing.) e: If the date inserted in this block does not locument's effective date on the Department of th	member or an authorized representative of a member. ruted in accordance with section 605.0203 (1) (b), Fiorida Statutes.	
TCLE V: Effective date, if other than the date of effective date is listed, the date must be state of filing.) E: If the date inserted in this block does not locument's effective date on the Department of the	specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be listent of State's records. The member of an authorized representative of a member.	
TCLE V: Effective date, if other than the date of effective date is listed, the date must be state of filing.) E: If the date inserted in this block does not locument's effective date on the Department of the	member or an authorized representative of a member. ruted in accordance with section 605.0203 (1) (b), Fiorida Statutes, lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)