

**L21000395451**

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H21000332755 3))



H210003327553ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : PURCELL, FLANAGAN, HAY & GREENE, P.A.  
Account Number : 071722000522  
Phone : (904)355-0355  
Fax Number : (904)355-0820

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: lflood@pfhglaw.com

**FILED**  
2021 SEP -7 PM 1:14  
TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.  
OUTRAGEX, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2021 SEP -7 PM 4:48

**ARTICLES OF ORGANIZATION**  
**OF**  
**OUTRAGEX, LLC**

The undersigned, for the purpose of forming a limited liability company under the laws of the State of Florida, adopts the following Articles of Organization:

**Article I**  
**Name**

The name of this limited liability company shall be: OUTRAGEX, LLC

**Article II**  
**Principal Office**

The principal office of this limited liability company shall be:

150 A1A NORTH  
PONTE VEDRA BEACH, FLORIDA 32082

**Article III**  
**Mailing Address**

The mailing address of this limited liability company shall be:

150 A1A NORTH  
PONTE VEDRA BEACH, FLORIDA 32082

**Article IV**  
**Initial Registered Agent and Address**

The name and street address of the initial registered agent of this limited liability company are:

JONATHAN L. HAY  
1548 LANCASTER TERRACE  
JACKSONVILLE, FLORIDA 32204

**FILED**  
2021 SEP - 7 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

**Article V**  
**Authorized Managers**

The name and street address of each Manager who is initially authorized to manage and control the limited liability company are:

ELSA HINES  
POST OFFICE BOX 3213  
PONTE VEDRA BEACH, FLORIDA 32004

**Article VI**  
**Effective Date**

The existence of this limited liability company shall commence on the date these Articles are signed.

**Article VII**  
**Purposes**

This limited liability company is organized for the purpose of transacting any or all lawful business permitted under the laws of the United States of America and of the State of Florida.

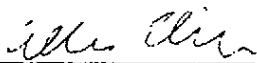
**Article VIII**  
**Operating Agreement**

The initial Operating Agreement of this limited liability company shall be adopted by the members. The Operating Agreement shall be adopted, altered, amended, or repealed from time to time as provided in the Operating Agreement.

**Article IX**  
**Amendment**

The members, by vote of members holding a majority of the interests in the limited liability company, shall have the right to amend or repeal any provision contained in these Articles of Organization.

The undersigned has executed these Articles of Organization the 7<sup>th</sup> day of September, 2021.

  
\_\_\_\_\_  
ELSA HINES, Authorized Representative

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, 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 of the limited liability company is: OUTRAGEX, LLC.
2. The name and the Florida street address of the registered agent are:

JONATHAN L. HAY  
1548 LANCASTER TERRACE  
JACKSONVILLE, FLORIDA 32204

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.

  
\_\_\_\_\_  
JONATHAN L. HAY, Registered Agent