# L21000449317

Office Use Only



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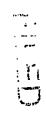
2021 OCT 15 AM II: 44

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PALL: TAKESEE, FL





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 10/15/2021
Name: Merritt Walker
Reference #:
Entity Name:LIBERTY SPORT FISHING, LLC
✓ Articles of Incorporation/Authorization to Transact Business
Amendment
Change of Agent
Reinstatement
☐ Conversion
☐ Merger
☐ Dissolution/Withdrawal
☐ Fictitious Name
✓ Other CERTIFIED COPY OF THE FILING EVIDENCE
Authorized Amount: \$155
Signature:

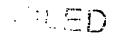
F: +852.2682.9790

### **COVER LETTER**

TO: New Filing Division of	Section Corporations		
SUBJECT:		Sport Fishing, LLC	
	Name of Li	mited Liability Company	
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this n	natter to the following:	
		Hillary Kooy	
		Name of Person	
	Barı	nes & Thornburg LLP	
	Duit	Firm/Company	<del></del>
	171 Monro	<u>se Avenue N.W. Suite</u>	1000
		Address	
	Gra	nd Rapids, MI 49503	
<del></del>		City/State and Zip Code	
		ry.Kooy@btlaw.com	
	E-mail address: (to be use	d for future annual report not	ification)
For further information	concerning this matter, plea	se call:	
ŀ	Hillary Kooy at (	616 <sub>)</sub> 74	2-3945
<u> </u>			ephone Number
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclose	\$160.00 Filing Fee, Certificate of Status & ed) Certified Copy (additional copy is enclosed

Mailing Address
New Filing Section
Division of Corporations P.O. Box 6327

Street Address
New Filing Section
Division of Corporations
Clifton Building



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2921 (1) CT 1.15

SECRETARI OF STATE
TALLER ASSEE, FL

			2051 001 12
ARTICLE I - Name: The name of the Limited Liability (	Company is:		REORE WAY TXI I FE AS
	Liberty Spor	t Fishing, LLC	
(Must contain	the words "Limited Liabili	ity Company, "L.L.C.	," or "LLC.")
ARTICLE II - Address: The mailing address and street addr	ess of the principal office o	of the Limited Liabilit	y Company is:
Principal (	Office Address:		Mailing Address:
	eachwood each, FL 32034		058 Beachwood dina Beach, FL 32034
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an acti	nnot serve as its own Regis		
The name and the Florida street add	iress of the registered agen	t are:	
	COGENC	Y GLOBAL INC	
•	Naπ	ic	
_	115 North Cal	houn Street, Su	ite 4
	Florida street address (P.O	. Box NOT acceptab	le)
	Tallahassee	Florida	32301

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR/MGR	Bennett W. Harbour
	2058 Beachwood
	Fernandina Beach. FL 32034
	2
<del></del>	
	F
<del></del>	<u> </u>
	¬¬¬ ¬
EV: Effective date, if other than the c	late of filing: (OPTIONAL)
E V: Effective date, if other than the conceptive date is listed, the date must be filling.) the date inserted in this block does not need to be determined in the Department.	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the octive date is listed, the date must be f filing.) the date inserted in this block does ment's effective date on the Department EVI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the octive date is listed, the date must be f filing.) the date inserted in this block does ment's effective date on the Department EVI: Other provisions, if any.	especific and cannot be more than five business days prior to or 90 per meet the applicable statutory filing requirements, this date will not ent of State's records.
EV: Effective date, if other than the contive date is listed, the date must be filling.) the date inserted in this block does need at eight of the Department's effective date on the Department's Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 but meet the applicable statutory filing requirements, this date will not ent of State's records.  /s/ Bennett W. Harbour
settive date is listed, the date must be filling.) the date inserted in this block does not nearly effective date on the Department's effetive date on the Department's effective date on the Department's effective date on the Department's effetive date on the Department's effetive date on the Department's effetive date on the Depa	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not ent of State's records.
E V: Effective date, if other than the octive date is listed, the date must be f filing.) the date inserted in this block does neent's effective date on the Departme E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is exert am aware that any filestimes are series.	/s/ Bennett W. Harbour  member or an authorized representative of a member.  cuted in accordance with section 605.0203 (1) (b), Florida Statutes.  alse information submitted in a document to the Department of State

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-