

Division of Corporations

L22000013511364  
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.

((H22000013511 3)))



H220000135113ABCP

**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 : REZLEGAL, LLC  
Account Number : 120140000033  
Phone : (904) 685-9321  
Fax Number : (904) 567-1066

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

Email Address: myron.pincomb@gmail.com

RECEIVED

2022 JAN 11 AM 9:37

**FLORIDA LIMITED LIABILITY CO.  
Adventure Makers, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JAN 11 AM 10:02

FILED

HL

**ARTICLES OF ORGANIZATION  
OF  
ADVENTURE MAKERS, LLC**

Pursuant to § 605.0201 of the Florida Revised Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

**ARTICLE I  
NAME**

The name of the limited liability company is Adventure Makers, LLC (the "Company").

**ARTICLE II  
EFFECTIVE DATE AND DURATION**

The effective date upon which the Company shall come into existence shall be the date these Articles of Organization are filed with the Secretary of State. Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in § 605.0105 of the Act) of the Company, the period of its duration shall be perpetual.

**ARTICLE III  
ADDRESS**

The mailing and street address of the principal office of the Company shall be 3578 Putnam Road, St. Augustine, Florida 32086.

**ARTICLE IV  
REGISTERED AGENT AND OFFICE**

The initial registered office of the Company shall be 3578 Putnam Road, St. Augustine, Florida 32086 and its initial registered agent at such office shall be Tommy Derringer.

**ARTICLE V  
MANAGEMENT OF THE COMPANY**

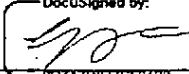
The Company will be managed by one or more managers in accordance with and subject to the requirements of the Act and the Operating Agreement of the Company. The names and street addresses of the managers of the Company are:

<u>Name</u>	<u>Address</u>
Myron Pincomb	24711 Harbour View Drive Ponte Vedra Beach, Florida 32082
Tommy Derringer	3578 Putnam Road St. Augustine, Florida 32086

**FILED**  
**2022 JAN 11 AM 10:02**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

IN WITNESS WHEREOF, the undersigned Authorized Representative of the Company has executed these Articles of Organization on behalf of the Company in accordance with § 605.0201 of the Act.

Dated 1/10/2022.

By:   
DocuSigned by:  
007A70837C50480  
Myron Pincomb, Manager


FILED  
2022 JAN 11 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING REGISTERED OFFICE  
AND  
REGISTERED AGENT FOR THE SERVICE OF PROCESS  
WITHIN FLORIDA**

In compliance with Chapter 605 of the Florida Revised Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following is submitted:

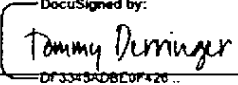
Adventure Makers, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates Tommy Derringer as its registered agent to accept service of process within the State of Florida, and the address of its registered office shall be 3578 Putnam Road, St. Augustine, Florida 32086.

Dated 1/10/2022.

DocuSigned by:  
By:   
007A7D637C50480  
Myron Pincomb, Manager

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in the certificate, I hereby agree to 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.

Dated 1/10/2022.

DocuSigned by:  
By:   
0F3345C08C0F42E  
Tommy Derringer, Registered Agent

2022 JAN 11 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED