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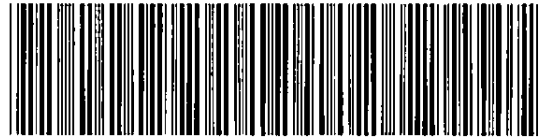
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TALLAHASSEE, FL

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: OUTBACK BREEZE, LLC.

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:

S. NOEL WHITE

Name of Person

SYLVIA NOEL WHITE, P.A.

Firm/Company

1108 S. HIGHLAND AVENUE

Address

CLEARWATER, FL 33756

City/State and Zip Code

lsheddog@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

S. Noel White	727	735-0645
_____	at (_____) _____	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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
OF
OUTBACK BREEZE, LLC**

**ARTICLE I
NAME AND MAILING ADDRESS & STREET ADDRESS OF PRINCIPAL OFFICE**

The name of the limited liability company shall be OUTBACK BREEZE, LLC, [hereinafter the "Company"] and its principal office's street address shall be 9778 NW Ethel Taylor Road, Clarksville, FL 32430, and its mailing address shall be 9778 NW Ethel Taylor Road, Clarksville, FL 32430, but it shall have the power and authority to establish branch offices at any other place or places as the members may designate.

**ARTICLE II
PURPOSES AND POWERS**

The Company is established and authorized to engage in any lawful activity and business. In addition to the powers authorized by the laws of the State of Florida for limited liability companies, the general nature of the business or businesses to be transacted, and which the limited liability company is authorized to transact, the Company shall possess all the powers which an individual possesses to carry out its affairs and businesses.

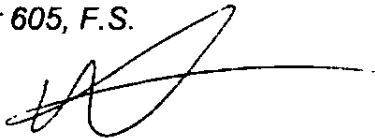
**ARTICLE III
DURATION**

This Company shall exist perpetually, or until dissolved in a manner provided by law, or as provided in the Operating Agreement adopted by the members.

**ARTICLE IV
INITIAL REGISTERED AGENT**

The name and address of the initial Registered Agent of the limited liability company is DAVID TURNER, 9778 NW Ethel Taylor Road, Clarksville, FL 32430.

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)

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**ARTICLE V
MANAGING MEMBERS**

The name and address of each member authorized to manage and control the Limited Liability Company is as follows:

Title	Name and Address
"MGR" - Manager "MGRM" - Managing Member	
MGR	DAVID TURNER 9778 NW Ethel Taylor Road Clarksville, FL 32430

The undersigned, being the original member of the limited liability company, certify that this instrument constitutes the proposed Articles of Organization of **OUTBACK BREEZE, LLC.**

Executed by the undersigned on 27 July, 2023.



(Signature of a member or an authorized representative of a member)

DAVID TURNER

(This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

DAVID TURNER
Typed or printed name of signee

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