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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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W14-2	0582	

Office Use Only



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April 1, 2014

LESLIE RIOS 11251 CAMPFIELD DR. UNIT 1303 JACKSONVILLE, FL 32256

SUBJECT: OUTDOOR PLACE, LLC Ref. Number: W14000020582

We have received your document for OUTDOOR PLACE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the title or capacity in #7.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

ZOH APR I PH I:

Letter Number: 314A00006875

COVER LETTER

	ion of Corporations
SUBJECT: _	Outdoor Place, LLC Name of Limited Liability Company
	'Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return a	all correspondence concerning this matter to the following:
	Leslie Rios Name of Person
	Outdoor Place, U.C.
	11251 Campfield DR. Unit 1303
	Sacksonville FL 322516 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further inf	ormation concerning this matter, please call:
1	Name of Contact Person at (904) 576 - 0951 Area Code Daytime Telephone Number
Divis Regis P.O.	LING ADDRESS: ion of Corporations stration Section Box 6327 chassee, FL 32314 EXECUTE: STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	a check for the following amount: 25.00 Filing Fee \$\square\$ \$\square\$ \$130.00 Filing Fee & Certificate of Status \$\square\$ Certified Copy \$\square\$ of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FCLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Outdon Place LC (Name of Foreign Limited Liability Company; must include "Limited Liability Company." "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2 Anchorage AK 3 46-4712912
2. Anchorage AK (Jurisdiction under the law of which foreign limited liability company is organized) 3. 46-4712913 (FEI number, if applicable)
4.
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 7920 Honey Suckle DR.
J
Archorage AK 019502 (Street Address of Principal Office)
6. 11251 Campfield DR Unit 1303
Tackenalla El 222 Ta
Jacksonalle FL 32256 (Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Leslie Rios, Manager, 11251 Campfield DR UART 1803
Jacksonville FL 322570 = 3
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official
having custody of records in the jurisdiction under the law of which it is organized. (A photocopy that
acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator
must be submitted)
Leslie L'os
Signature of an authorized person
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)
Leslie Rios
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:
Outdoor Place, LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Lola Jeanette Deese
3738 C-lass Road Florida Street Address (P.O. Box NOT ACCEPTABLE)
Greenwood FL 32443 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, Florida
Saa Janotte Dogge (Signature)
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

Certificate of Status (optional)

. \$ 5.00

Alaska Entity #10018991

State of Alaska

Department of Commerce, Community and Economic Development Corporations, Business and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Outdoor Place, LLC

This entity was formed on February 25, 2014 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **March 05, 2014**.

Surak Bell

Susan K. Bell Commissioner