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(Re	equestor's Name)	, , , , , , , , , , , , , , , , , , ,
(Ad	dress)	
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

SEP 1 6 2014 **T. HAMPTON** 12/2

COVER LETTER

	egistration Section vision of Corporations	
SUBJECT	: Camecak E	Name of Limited Liability Company
		Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida
Please retur	rn all correspondence concerning th	is matter to the following:
		Joel Rack Jr Name of Person
		Name of Person
	Camerook	Enkprises LUC Firm/Company
		гипи сотрану
	33108	Transake Drive Address
	_	Address
	Leesby FL	City/State and Zip Code
		City/State and Zip Code
	<u>Gunecack entoprise</u>	ess: (to be used for future annual report notification)
,	G E-mail addı	ess: (to be used for future annual report notification)
For further	information concerning this matter	please call:
	Joel Pack Jr	at (912) 656-717Z Area Code & Daytime Telephone Number
	Name of Person	Area Code & Daytime Telephone Number
Di [·] Re P.(vision of Corporations gistration Section O. Box 6327 Illahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle
14	manassee, FL 52514	Tallahassee, FL 32301
		mount: Filing Fee & \$\square\$



August 25, 2014

JOEL PACK JR 33108 IRONGATE DR LEESBURG, FL 34788

SUBJECT: GAMECOCK ENTERPRISES LLC

Ref. Number: W14000033950

We have received your document for GAMECOCK ENTERPRISES LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

Please accept our apology for failing to mention this in our previous letter.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return 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.

Tammy Hampton Regulatory Specialist III

Letter Number: 514A00018227



June 27, 2014

JOEL PACK JR 33108 IRONGATE DR LEESBURG, FL 34788

SUBJECT: GAMECOCK ENTERPRISES LLC

Ref. Number: W14000033950

We have received your document for GAMECOCK ENTERPRISES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 514A00011749



June 2, 2014

JOEL PACK JR 33108 IRONGATE DR LEESBURG, FL 34788

SUBJECT: GAMECOCK ENTERPRISES LLC

Ref. Number: W14000033950

We have received your document for GAMECOCK ENTERPRISES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of 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.

Letter Number: 514A00011749

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

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

IN (COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
<i>LLN.</i> 1	ITTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: LAMPECCEL Enkapines U.C.
1	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	Screcion Firems LLC
con	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability npany," "L.L.C," "LLC.")
2	Levi (ia 3. 45-3066560 [urisdiction under the law of which foreign limited liability (FEI number, if applicable)
(. C	furisdiction under the law of which foreign limited liability (FEI number, if applicable) ompany is organized)
4.	August 15 201\ (Date of Organization) 5. Perpetul (Duration: Year limited liability company will cease to
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6	(Date first temporated by linear in Fileside (Carrier to realization)
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7	33108 Frangete Drive MGRM
_	Leesborg FL 34788
, -	(Street Address of Principal Office)
8.]	If limited liability company is a manager-managed company, check here
	River in the second sec
). '	The name and usual business addresses of the managing members or managers are as follows:
	Marm- Sorel Pack SR
ın	Aug. 1-1: '' 1 - 20 - 6 '
iu hein	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in crisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
	statements that the law of which its organized. (A photocopy is not acceptable. If the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida:
• • •	
_	internet sigles of sporting good equipment firecims
	MGRM
	Signature of a member or an authorized representative of a member.
	(In accordance with section 608.46813), 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.)
	Joel Rich J MGRM
	Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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 Lia	bility Com	pany is:			
	_ Gmew	uk Ent	exprises .	UC	,	
If unavailable, the			•		is:	
ŕ						
	Screcion	Hillans	LLC			
2. The name and	d the Florida str	eet address	of the r	egistered	agent and office are:	
		Joel	Pack	J 7	MGRM	
			(Na	me)		
	80188	Transak	pr		MLRM	
	Flor	ida Street Ad	ldress (P.0	O. Box NO	T ACCEPTABLE)	
	Lee	doug		FL	34783	
			City	/State/Zip		
liability company registered agent statutes relating	vat the place des and agree to act to the proper and	signated in in this cap d complete tion as regi	this cert acity. I perform istered a	ificate, I l further ag ance of m	of process for the about the appet the appet to comply with the appet to comply with the appet to duties, and I am far arounded for in Chapter to the appet to th	pointment as he provisions of all miliar with and
		\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Desig Certi	gnation of fied Cop	Application f Registered Agent y (optional) Status (optional)	SEP 15 AH 7:59 CAE VARY OF STATE LAHASSEE FLORID

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER DATE INC/AUTH/FILED: August 15, 2011 JURISDICTION

: 11061531 : Georgia

PRINT DATE

: September 09, 2014

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

GAMECOCK ENTERPRISES LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

B: 1.h-

Brian P. Kemp Secretary of State

Tracking #: s5dXxFZd