

P21600000002124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100353755661

10/19/20--01035--016 \*\*150.00

2021 JAN -1 AM 4:42

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**LAW OFFICES**  
**OUGHTERSON, SUNDHEIM AND ASSOCIATES, P.A.**  
612 SE Central Parkway  
Stuart, Florida 34994

PHONE: (772) 287-0660

FAX: (772) 287-0422

E-MAIL: oswpa@bellsouth.net

**FREDERICK G. SUNDHEIM JR.**  
**SANDRA L. SUNDHEIM**

**WM. A. OUGHTERSON**  
1926-2015

October 13, 2020

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Filing Documents

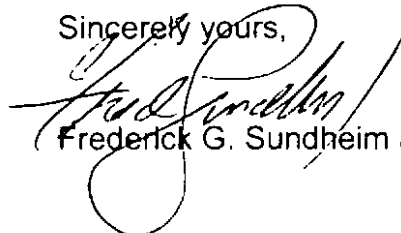
Dear Sirs,

Enclosed are the following:

1. Articles of Domestication.
2. Articles of Organization for Florida Limited Liability Company.
3. Article IV.
4. Our office check for \$150.00 for filing the above documents.
5. Self-addressed and stamped envelope for your use.

Thank you so much.

Sincerely yours,



Frederick G. Sundheim Jr.

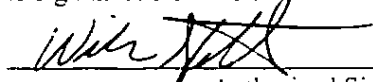
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## ARTICLES OF DOMESTICATION

In accordance with 605.1055, Florida Statutes, the Articles of Domestication are submitted for filing:

1. The date on which the entity was first formed was: October 1, 2013
2. The name of the entity immediately prior to the filing of the Articles of Domestication was:  
GATOR LURES, LLC
3. Attached are Florida Articles of Organization to complete the domestication requirements pursuant to s. 605.0201.
4. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the entity or any other equivalent jurisdiction under applicable law, immediately before the filing of the Articles of Domestication was: New Jersey
5. The domestication has been approved in accordance with the laws of the jurisdiction of formation of the domesticating entity.

I am authorized to sign these Articles of Domestication on behalf of the entity.

  
\_\_\_\_\_  
Authorized Signature

6. Attached is a certificate of status or equivalent document, if any, from the domesticating jurisdiction of formation, pursuant to s. 605.1055 (3), Florida Statutes.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GATOR LURES, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4647 SE Compass Way

Stuart, FL 34997

Mailing Address:

4647 SE Compass Way

Stuart, FL 34997

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

WILLIAM STAHL

Name

4647 SE Compass Way

Florida street address (P.O. Box **NOT** acceptable)

Stuart

FL 34997

City

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, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR/MGR

**Name and Address:**

William Stahl

4647 SE Compass Way

Stuart, FL 34997

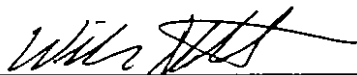
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 calendar days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative

(In accordance with section 605.0205 (3), Florida Statutes, 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.)

**WILLIAM STAHL**

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)



S-9700

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2020

FREDERICK G. SUNDHEIM  
612 SE CENTRAL PKWY  
STUART, FL 34994

SUBJECT: GATOR LURES, LLC  
Ref. Number: W20000126265

We have received your document for GATOR LURES, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorrect form was submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 720A00021840

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**LAW OFFICES**  
**OUGHTERSON, SUNDHEIM AND ASSOCIATES, P.A.**  
**612 SE Central Parkway**  
**Stuart, Florida 34994**

PHONE: (772) 287-0660

FAX: (772) 287-0422

E-MAIL: [oswpa@bellsouth.net](mailto:oswpa@bellsouth.net)

**FREDERICK G. SUNDHEIM JR.**  
**SANDRA L. SUNDHEIM**

**WM. A. OUGHTERSON**  
**1926-2015**

October 19, 2020

Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

RE: Gator Lures LLC

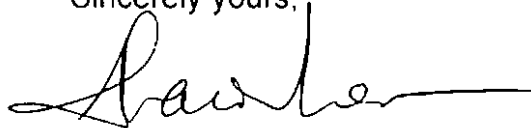
Dear Sirs:

Enclosed are the following:

1. Articles of Domestication.
2. Articles of Incorporation.
3. Photocopy of your letter showing that you are holding \$150.00 to file the above documents.

Thank you very much.

Sincerely yours,



Sharon Newman  
Asst. to Frederick G. Sundheim Jr.  
and Sandra L. Sundheim

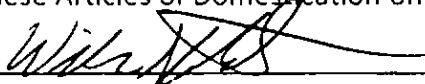
/sn  
S-920C

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, WILLIAM STAHL, President  
(Name) (Title)  
of GATOR LURES, INC., a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is GATOR LURES, INC.  
(Foreign Corporation)  
\_\_\_\_\_.
2. The jurisdiction and date of its formation is New Jersey 01-10-13
3. The name of the domesticated corporation is Gator Lures Inc.  
\_\_\_\_\_.
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was  
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication  
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

  
\_\_\_\_\_  
(Authorized Signature)

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**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I    NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

GATOR LURES, INC.

**ARTICLE II    PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:*

Principal Address

4647 SE Compass Way

Stuart, FL 34997

Mailing Address

4647 SE Compass Way

Stuart, FL 34997

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

to engage in all lawful business

**ARTICLE IV    SHARES**

*THE NUMBER OF SHARES OF STOCK IS:* 10,000

**ARTICLE VI    REGISTERED AGENT AND STREET ADDRESS**

*THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:*

William Stahl

4647 SE Compass Way

Stuart, FL 34997

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

  
Signature/Registered Agent

9/29/20  
Date

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: William Stahl, PST  
Address: 4647 SE Compass Way  
Stuart, FL 34997

Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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I submit this document and affirm that the facts stated herein are true. I am aware that 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.

William Stahl  
Signature/Authorized Person

9/29/20  
Date