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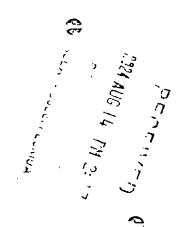
<u> </u>	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer;

Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/14/2024	-				,	⇔ WALK	/N#≠
ENTER MANE Saltlick	Outdoors Worldwide, L	I.C.				W/1121	24
ENTITY NAME GARRIER	Oddoors Worldwide, E						
DOCUMENT NUMBER					;;; ;;-	2024 AUS	··· =]
BOCCHENT NOTBER_	**PLEASE FILE THE ;	ATTACHED	AND RETUR	?N**	\388E.	2-	
xxxxxxxx	Plaix Copy Certified Copy				STATE	NY 9: 47	
	Certificate of Status						
	Certified Copy of Arts & Certificate of Good Standi						
	**APOSTILLE' / NO	TARIAL CL	RTIFICATI				
COUNTRY OF DESTINAT	,					-	
NUMBER OF CERTIFICA	TES REQUESTED						
TOTAL OWED \$125		A		t: I20160000	0072		
			5	8 F/O			
Please call Tina at ti	he above number for any	y issues or	concerns.	Thank yo	a so mo	uch!	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	E I - Name: of the Limited Liability	y Company is:				
	Saltlick Outdoors Wo	rldwide, LLC				
	(Must conta	in the words "Limited	Liability Con	ipany, "L.L.C.," or "LLC.")		
	E II - Address: ng address and street ad	dress of the principal o	office of the L	imited Liability Company is:		
	Princips	l Office Address:		Mailing Address	;:	
502 NW 2nd Street				502 NW 2nd Street		
	Okeechobee, FL 3497			Okeechobee, FL 34972		20
(The Limi another b	FICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual of their business entity with an active Florida registration.) name and the Florida street address of the registered agent are: Shaun M. Kogut Name		dual or	2024 AUG 14 AH 9:47		
		502 NW 2nd Street			,	-
		Florida street addres	s (P.O. Box 1	(OT acceptable)		
		Okeechobee	FL	34972		
		City	State	Zip		
place desigr further agre	nated in this certificate, e to comply with the pro	hereby accept the apportions of all statutes rigations of my position	ointment as re elating to the j as registered	for the above stated limited liability gistered agent and agree to act in the proper and complete performance of agent as provided for in Chapter 60 Signature (REQUIRED)	his capacity. I my duties, a	1

(CONTINUED)

ARTICLE IV-

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

Title;	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBR	Shaun M. Kogut		
	502 NW 2nd Street		
	Okeechobee, FL 34972	·	
AMBR	Michael D. Staffan		
	8610 Sadie Thomas Road		
	Johnstown, OH 43031		
			
			
			
		••	∡ <u>~</u>
(Use attachment if necessary)		:	<u> </u>
DTICLE V. Effective data if extra show the de-			
RTICLE V: Effective date, if other than the date an effective date is listed, the date must be s	the of filing:	(OPTIONAL)	- 00 d
e date of filling.)	specific and cannot be insite than live bus	iness days bridgide	a ys anter
ote: If the date inserted in this block does no	t meet the applicable statutory filing requir	rements, this date will	not be listed a
e document's effective date on the Departmen		77	= ب
OFFICIAL COLUMN		, m!	.; I
RTICLE VI: Other provisions, if any.		, ,	~
			
BEOLUBED OVON A TUDO			
REQUIRED SIGNATURE:			
Signature of a r	nember or an authorized representative	of a member.	
This document is exec	uted in accordance with section 605.0203	(1) (b), Florida Statut	cs.
I am aware that any fall constitutes a third dem	se information submitted in a document to ree felony as provided for in s.817.155, F.S	the Department of St	ate
constitutes a tintu degi	ce leiony as provided for in 5.617.155, F.S).	
Shaun M. Kogu			
•	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)