

Business Entities Online

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Deep South Hunting Services LLC

Corporate Information

Entity Type: Limited Liability Company

Status: Good Standing

Domestic/Foreign: Domestic

Incorporated State: South Carolina

Important Dates

Effective Date: 10/13/2021

Expiration Date: N/A

Term End Date: N/A

Dissolved Date: N/A

Registered Agent

Agent: Colyn Jason Peek

Address: 4989 Orange Grove Road
Bamberg, South Carolina 29003

Official Documents On File

Filing Type	Filing Date
Articles of Organization	10/13/2021

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Deep South Hunting Services LLC

*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." "LC", or "Ltd.Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

4989 Orange Grove Road

Street Address

Bamberg, South Carolina

29003

City

Zip Code

3. The initial agent for service of process is

Colyn Jason Peek

Name


Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

4989 Orange Grove Road

Street Address

Bamberg, South Carolina

29003

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Colyn Jason Peek

Name

4989 Orange Grove Road

Street Address

Bamberg

South Carolina

29003

City

State

Zip Code

(b)

Name

Street Address

City

State

Zip Code

Form Revised by South Carolina
Secretary of State, July 2012

Name of Limited Liability Company Deep South Hunting Services LLC

5. Check this box only if the company is to be a term company. If the company is a term, company, provide the term specified. _____

6. Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) _____
Name

Street Address

City State Zip Code

(b) _____
Name

Street Address

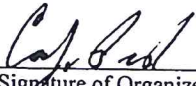
City State Zip Code

7. Check this box only if one or more of the members of the company are to liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to included, including Any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you included a separate attachment.

10. Each organizer listed under number 4 must sign.



Signature of Organizer Colyn Jason Peek

September 30, 2021

Date

Signature of Organizer

Date