

Division of Corporations

Page 1 of 2

W020000008702

## Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

MJH

4/11

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000081425 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

02 APR 11 PM 2:33

DIVISION OF CORPORATIONS

Division of Corporations  
Fax Number : (850) 205-0383

Account Name : ARNOLD MATHENY & EAGAN, P.A.  
Account Number : I20000000141  
Phone : (407) 841-1550  
Fax Number : (407) 841-8746

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR 11 PM 4:35

FILED

## LIMITED LIABILITY COMPANY

Osceola Wildlife Tours LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

H02000081425 9

## ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

### ARTICLE I – Name:

The name of the Limited Liability Company is:

**OSCEOLA WILDLIFE TOURS LLC**

### ARTICLE II – Address:

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

**4420 JOE OVERSTREET ROAD  
KEENANSVILLE, FLORIDA 34739 (zip)**

### ARTICLE III – Duration:

The period of duration for the Limited Liability Company shall be perpetual.

### ARTICLE IV – Management:

The Limited Liability Company is a manager-managed Limited Liability Company. The Limited Liability Company shall be managed by the managers who are designated, appointed or elected to act in such capacity in accordance with the Operating Agreement of the Limited Liability Company.

The persons who are designated or appointed as agent of the company shall carry out and further the decisions and actions of the managers or member(s) made pursuant to the Operating Agreement and shall be authorized to execute on any and all reports, forms, instruments, documents, papers, writings, agreements and contracts, including but not limited to deeds, bills of sale, assignments, leases, promissory notes, mortgages and security agreements and any other type or form of document by which property or property rights of the Company are transferred or encumbered, or by which debts and obligations of the Company are created, incurred or evidenced, which are necessary, appropriate or beneficial to carry out or further such decisions or actions.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
\_\_\_\_\_  
**WILLIAM L. EAGAN** – Authorized Representative

FILED  
02 APR 11 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H02000081425 9

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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 **OSCEOLA WILDLIFE TOURS  
LLC**
2. The name and the Florida street address of the registered agent are:

Arnold, Matheny & Eagan, P.A.  
801 N. Magnolia Avenue, Suite 201  
Orlando, Florida 32802

*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.*

ARNOLD, MATHENY & EAGAN, P.A.

By:   
William L. Eagan