

LO4 0000 23917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP



WAIT

☐

MAIL

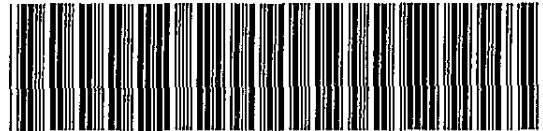
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000030829480

03/30/04 - 01056 -- 011 **125.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAR 30 PM 12: 08

LO4- 23917

CR

FILED
DIVISION OF
TALLAHASSEE
STATE
REGISTRARS
FLORIDA

04 MAR 30 PM 12: 08

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tier Entertainment Adventure (LLC)
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charity Mosley
(Name of Person)

(Firm/Company)

1893 LAKE RD
(Address)

Monticello, FL 32344
(City/State and Zip Code)

For further information concerning this matter, please call:

Charity Mosley at (850) 997-2969
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAR 30 PM 12:09

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sier Entertainment Adventure (LLC)

ARTICLE II - Address:

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

Principal Office Address:

SAME

Mailing Address:

1893 Lake Rd

Monticello, FL

32344

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

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

Charity Mosley
Name

1893 Lake Rd

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

Monticello, FL

City, State, and Zip

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAR 30 PM 12:09

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 608, Florida Statutes..

Charity Mosley
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

Charity Mosley
1892 Lake Rd
Monticello, TN 37133

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Charity Mosley

Signature of a member or an authorized representative of a member.

(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.)

Charity Mosley - Charity Mosley
Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAR 30 PM 12:09