

L04000037170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

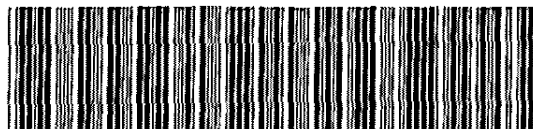
(Business Entity Name)

(Document Number)

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

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MAY 17 PM 1:07  
STATE  
TALLAHASSEE, FLORIDA

FILED  
MAY 17 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

FILED  
04 MAY 17 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- AMERICAN REGAL HOLIDAYS, LLC
- 2-
- 3-
- 4-

☒ Walk-in      ☐ Pick-up time ASAP      ☒ Certified Copy  
☐ Mail-out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**FILED**  
04 MAY 17 PM 4:44  
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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
AMERICAN REGAL HOLIDAYS, LLC,  
A Florida Limited Liability Company**

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

**ARTICLE I  
Name**

The name of this Company shall be , *AMERICAN REGAL HOLIDAYS, LLC.*

**ARTICLE II  
Duration**

The term of existence of the Company shall commence upon the filing of these Articles of Organization and shall be perpetual.

**ARTICLE III  
Mailing Address**

The mailing address is 1340 S. Lake Mirror Drive, Winter Haven, Florida 33881. The street address is the same.

**ARTICLE IV  
Registered Agent and Office**

The name and street address of the initial registered agent and office for this Company is as follows: Deborah J. Lyons, 1340 S. Lake Mirror Drive, Winter Haven, Florida 33881.

**ARTICLE V  
Admission of Additional Members;  
Terms and Conditions of such Admissions**

Additional Members may be admitted upon unanimous consent of the Members of the Company, upon the written application of such new Member, in the manner set forth in the Operating Agreement of this Company.

**ARTICLE VI**  
**Right to Continue Business**

If, but for the exercise of the right to continue the Company's business, as specified below, the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or the occurrence of any other event which terminates the continued membership of a Member in the Company, shall cause the dissolution of the Company, then the business of the Company shall continue (without dissolution) if elected in writing within ninety (90) days of the occurrence of such event by any remaining Member.

**ARTICLE VII**  
**Management by Members**

The Company will be managed by its Member(s). The name and address of the initial Managing Member is: Deborah J. Lyons, 1340 S. Lake Mirror Drive, Winter Haven, Florida 33881.

**ARTICLE VIII**  
**Operating Agreement of Company**

The power to adopt, alter, amend or repeal the Operating Agreement of the Company shall be vested in the Members.

**ARTICLE IX**  
**Informal Action of Members**

Any action of the Members may be taken without a meeting if consent in writing setting forth the action so taken shall be signed by all Members who would be entitled to vote upon such action at a meeting and filed with the Company as part of its records.

**ARTICLE X**  
**Transferability of Member's Interest**

An interest of a Member of this Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement.

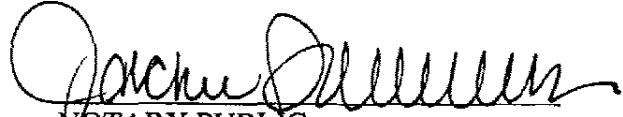
IN WITNESS WHEREOF, the undersigned has hereunto set his hand this 12 day of May, 2004.

  
DEBORAH J. LYONS

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 13<sup>th</sup> day of May, 2004, by **DEBORAH J. LYONS**, who ☒ is personally known to me or ☐ produced \_\_\_\_\_ as identification.

(SEAL)



NOTARY PUBLIC

Jackie S. Hoverkamp

Print Name of Notary

My Commission Expires:



Jackie S. Hoverkamp  
MY COMMISSION # CC976278 EXPIRES  
November 19, 2004  
BONDED THRU TROY FAIN INSURANCE, INC.

## **STATEMENT OF REGISTERED AGENT**

Having been named as Registered Agent and to accept service of process for **AMERICAN REGAL HOLIDAYS, INC.**, a Florida limited liability company, 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 in Chapter 608, Florida Statutes.

Deborah J. Lyons  
**DEBORAH J. LYONS**

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 13<sup>th</sup> day of May, 2004, by **DEBORAH J. LYONS**, who [☒] is personally known to me or [☐] produced \_\_\_\_\_ as identification.

(SEAL)

Jackie S. Hoverkamp  
NOTARY PUBLIC  
Jackie S. Hoverkamp  
Print Name of Notary

My Commission Expires:



Jackie S. Hoverkamp  
MY COMMISSION # CC976270 EXPIRES  
November 19, 2004  
BONDED THRU TROY FAIR INSURANCE, INC.