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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

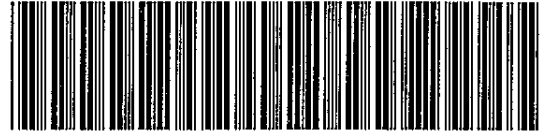
(Business Entity Name)

(Document Number)

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LR 07/09/04

CLAYTON J.M. ADKINSON
ATTORNEY AT LAW
POST OFFICE BOX 1207
DEFUNIAK SPRINGS, FLORIDA 32435
(850) 892-5195
FAX (850) 892-3013

July 1, 2004

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

Gentlemen:

In re: Travis Lauren Enterprises, LLC

Enclosed is the original Articles of Organization for Florida Limited Liability Company to be filed for the above referenced company. Also enclosed is a check for \$130.00 to cover the cost of filing fees.

If additional information is needed, please advise. Your assistance in this matter is most appreciated.

Sincerely,

Clayton J.M. Adkinson
Clayton J.M. Adkinson

CJMA:ch
Enclosure

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Travis Lauren Enterprises, 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:

Robert G. Fullenkamp
(Name of Person)

Travis Lauren Enterprises, LLC
(Firm/Company)

14336 Stamford Circle
(Address)

Orlando, Florida 32826
(City/State and Zip Code)

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For further information concerning this matter, please call:

Robert G. Fullenkamp at (407) 249-2172
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Travis Lauren Enterprises, LLC

ARTICLE II - Address:

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

Principal Office Address:

14336 Stamford Circle
Orlando, Florida 32826

Mailing Address:

14336 Stamford Circle
Orlando Florida 32826

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

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

Robert G. Fullenkamp

Name

14336 Stamford Circle

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

Orlando FLORIDA 32826

City, State, and Zip

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..


Registered Agent's Signature

