

L04000062914

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EFFECTIVE DATE

9/1/04

SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
04 AUG 20 PM 3:04

Transmittal Letter

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: LINDA'S AFFORDABLE TRAVEL, LLC
(Proposed Limited Liability Corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of organization for Florida Limited Liability Company and a check for:

☐ \$125.00
Filing Fee
& Designated
Registered Agent.

☒ \$130.00
Filing Fee/RA
& Certificate of Status

<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy	<input type="checkbox"/> \$160.00 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: LINDA HEARN
Name (Printed or Typed)

303 DELEON ROAD
Address

DEBARY, FL 32713
City, State & Zip

386-668-7169
Daytime Telephone Number

04 AUG 20 PM 3:04
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOTE: Please provide the original and one copy of the articles.

EFFECTIVE DATE
9/1/04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: LINDA'S AFFORDABLE TRAVEL, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 303 DELEON ROAD DEBARY, FL 32713

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

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

LINDA HEARN

Name

303 DELEON ROAD

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

DEBARY, FL 32713

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, F.S.

Linda Hearn

Registered Agent's Signature

04 AUG 20 PM 3:04

SECRETARY OF
DIVISION OF CORPORATIONS

EFFECTIVE DATE

9/1/09

ARTICLE IV – Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager managed company.

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

TITLE

MGR

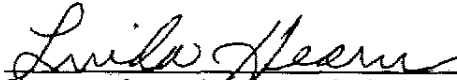
NAME & ADDRESS

LINDA HEARN

303 DELEON ROAD DEBARY, FL 32713

ARTICLE V – Effective Date

The Limited Liability Company requested effective date is SEPTEMBER 1, 2004



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.)

LINDA HEARN

Typed are printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 20 PM 3:04