L04000079302

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Office Use Only



TRANSMITTAL LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	AWAY CRUIS!	na LLC ed Liability Company)	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all corr	espondence concerning this matt	er to the following:	0
	LINDA M	ALONE (Name of Person)	
_Aw	Ay CRUISIN		28 H D 17
105	01 W. Brow	ARD BLUQ.	Suite 307
	Plantation (City	Fl. 33334 /State and Zip Code)	<u>L</u>
For further information	on concerning this matter, please	call:	
LINDA (Na	MAJONE (/ me of Person)	at (954) 648 (Area Code & Daytime T	2-4540 elephone Number)
Enclosed is a check	for the following amount:		
☐ \$125.00 Filing Fe	e	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 29, 2004

LINDA MALONEY 10501 W. BROWARD BLVD. #307 PLANTATION, FL 33324

SUBJECT: AWAY CRUISING LLC. Ref. Number: W04000035944

We have received your document for AWAY CRUISING LLC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

LLC only applies to a LIMITED LIABILITY COMPANY. In order to become one you have to file articles of organization. If you need information on becoming one you may call (850) 245-6051 and someone there will be able to answer what ever questions you may have. If this is a corporation, change the suffix and resubmit.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown Document Specialist New Filings Section

Letter Number: 404A00056823



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 26, 2004

LINDA MALONEY 10501 W. BROWARD BLVD. #307 PLANTATION, FL 33324

SUBJECT: AWAY CRUISING LLC Ref. Number: W04000039309

We have received your document for AWAY CRUISING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Letter Number: 304A00061543

Lee Rivers Document Specialist

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Away Croising LLC

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address: Mailing Address:	
HINDA MALONEY - MGR. FIRANDE MALONEY - MGRM 10501 W. BROWARD Blod. 10501 W. BROWARD BLOD #307 Plantation Fl. 33324 #307 Plantation Fl. 3332	Q
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature 7	/
The name and the Florida street address of the registered agent are:	
LINDA MALONEY	
10501 W. BROWARD BLOD # 307 = Florida street address (P.O. Box NOT acceptable)	
Plantation FL 33324 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..

Registered Agent's Signature

(CONTINUED)

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 LINDA MAIDNEY 10501 M. BROWARD Blod #30 Plantation, Fl. 33324 MGRM EIRANNE MAIDNEY 10501 M. BROWARD Blod #307 Plantation, Fl. 33324

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)