

L04000079343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

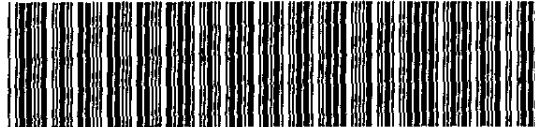
(Business Entity Name)

(Document Number)

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

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Office Use Only



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11/29/2011 11:10 AM \*\*FBI\*\*

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04 OCT 23 PM 12:59

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W

11/02/04

## TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations

Subject: 99 Tips Guide, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

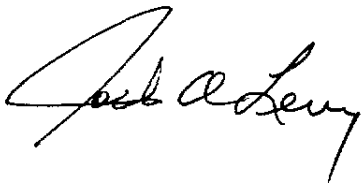
Joel A. Levy  
99 Tips Guide, LLC  
P.O. Box 530725  
Miami Shores, FL 33153-0725

For further information concerning this matter, please call:

Joel A. Levy at (305) 322-7838

Enclosed is a check for the following amount: \$ 160

Filing fee for Articles of Organization and  
Designation of Registered Agent, plus  
Certified Copy and Certificate of Status



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OCT 29 PM 12:59  
04  
FILING OFFICE  
MIAMI SHORES, FL 33153-0725

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

99 Tips Guide, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

3001 QUAYSIDE LANE  
MIAMI, FL 33138

#### Mailing Address:

P.O. Box 530725  
MIAMI SHORES, FL  
33153-0725

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

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

JOEL A. LEVY  
Name  
3001 QUAYSIDE LANE  
Florida street address (P.O. Box NOT acceptable)  
MIAMI FL 33138  
City, State, and Zip

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OCT 29 PM 12:59  
CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

*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..*

Joel A. Levy  
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

**Name and Address:**

MGRM

JAMES A. MOSER  
136 FLUG AVE  
INDIALANTIC, FL 32903

MGRM

JAMI LIN LEVY  
3001 QUAYSIDE LANE  
MIAMI, FL 33138

MGRM

JOEL A. LEVY  
3001 QUAYSIDE LANE  
MIAMI, FL 33138

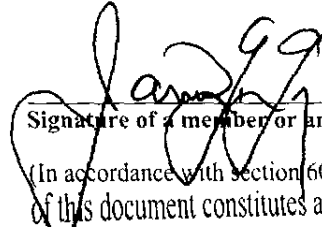
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(Use attachment if necessary)

**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.)

Jami Lin Levy

Typed or printed name of signer

**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)

FILED  
04 OCT 29 PM 12:59  
TALLAHASSEE, FLORIDA