

L04000083675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

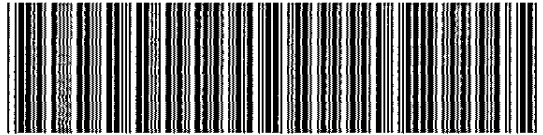
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11/18/04--01011--006 **125.00

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 NOV 18 AM 9:55

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 NOV 18 PM 12:07

FILED

Charter Number Only

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04 NOV 18 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VALIDATION ONLY

11/17

Lee Collins & Associates
Requestor's Name
3601 W. Commercial Blvd. #28
Address
Ft. Lauderdale, FL 33309
City State ZIP Phone
(954) 730-3131E

CORPORATION(S) NAME

Fam Trip Tours. Com, LLC

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Foreign | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other LLC |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
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Empire Toll Free: 1-800-432-3028

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FAM TRIP TOURS.COM, LLC

ARTICLE II - Address:

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

Principal Office Address:

3075 W OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33311

Mailing Address:

3400 NW 78TH AVENUE
MARGATE, FL 33063

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

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

STEVEN KILICHOWSKI

Name

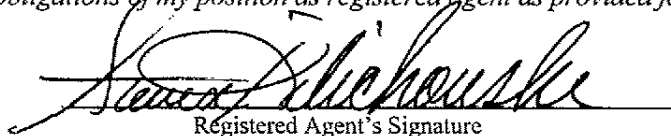
3400 NW 78TH AVENUE

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

MARGATE FL 33311

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

Name and Address:

MGRM

MARIO FERNANDEZ

3075 W OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33311

MGRM

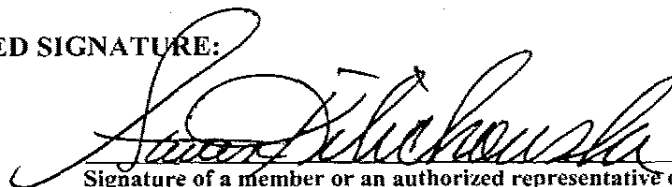
STEVEN KILICHOWSKI

3400 NW 78TH AVENUE
MARGATE, FL 33063

(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.)

STEVEN KILICHOWSKI

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)