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(Address)

(City/State/Zip/Phone #)

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02/24/05

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FEB 24 2005
TALLAHASSEE, FLORIDA

05 FEB 24 AM 11:26

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAMPA BAY GHOST TOURS 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:

MARK HUBBARD
(Name of Person)

TAMPA BAY GHOST TOURS
(Firm/Company)

150 JOHNS PASS BOARDWALK
(Address)

MADEIRA BEACH FL 33708
(City/State and Zip Code)

For further information concerning this matter, please call:

MARK HUBBARD at (727) 398 5200
(Name of Person) (Area Code & Daytime Telephone Number)
CELL 727 709 1724

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: TAMPA BAY GHOST TOURS L.L.C.

ARTICLE II - Address: 150 JOHNS PASS BOARDWALK MADEIRA BEACH FL 33708

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

Principal Office Address:

150 JOHNS PASS BOARDWALK
MADEIRA BEACH FL 33708

Mailing Address:

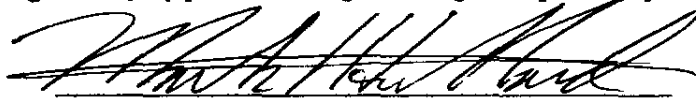
SAME

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

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

BUSINESS MARK F HUBBARD
Name
TAMPA BAY GHOST TOURS
Florida street address (P.O. Box **NOT** acceptable)
150 JOHNS PASS BOARDWALK
MADEIRA BEACH FL 33708
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)

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TAMPA, FLORIDA

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

MARK HUBBARD

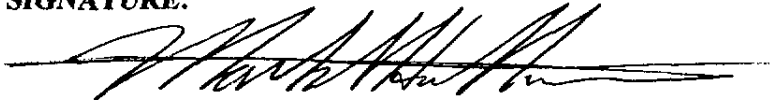
931 79th ST S

ST PETE FL 33707

(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.)

MARK F HUBBARD

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)