

L050000 77835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

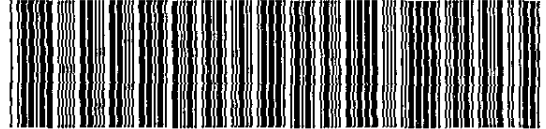
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300058178843

08/09/05--01001--014 **125.00

FILED

05 AUG - 8 AM 8:59

RECEIVED

05 AUG - 8 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CLERK OF COURT

Williams, Gautier, Gwynn, DeLoach,
& Sorenson, P.A.

Requestor's Name

Post Office Box 4128

Address

Tallahassee, FL 32315 850-386-3300

City/State/Zip

Phone #

Office Use Only

FILED
05 AUG -8 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Literal Adventures, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

PLEASE CONTACT JERICA DEMONTMOLLIN
WHEN READY FOR PICK UP @386-3300

Examiner's Initials

**ARTICLES OF ORGANIZATION OF
LITERAL ADVENTURES, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company (hereinafter referred to as the "Company") is:

"Literal Adventures, LLC"

ARTICLE II — Address:

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

2248 Trescott Drive
Tallahassee, Florida 32308

ARTICLE III — Registered Agent:

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

Jenny L. Jeffers
2248 Trescott Drive
Tallahassee, Florida 32308

ARTICLE IV — Management:

The Company is to be managed by the manager and is, therefore, a manager-managed company.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative and acknowledged them to be my act this 4 day of August, 2005.


JENNY L. JEFFERS

(In accordance with section 608.408(3), Florida Statutes, the execution of this certificate constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILED
05 AUG -8 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this certificate constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


JENNY L. JEFFERS

Filing Fee: \$100.00 for Articles of Organization
 \$ 25.00 for Designation of Registered Agent