

LOS000104372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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OCT 24 2005
05 OCT 24 PM 4:12
FBI - LOS ANGELES

WOS-45050

B. McKnight OCT 24 2005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOOK WITH ME TRAVEL, 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:

LYNN FOWLKES

(Name of Person)

BOOK WITH ME TRAVEL, LLC

(Firm/Company)

565 JEFFERSON DRIVE APT#109

(Address)

DEERFIELD BEACH, FLORIDA 33442

(City/State and Zip Code)

For further information concerning this matter, please call:

LYNN FOWLKES

(Name of Person)

at (954) 360-9664

(Area Code & Daytime Telephone Number)

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)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 29, 2005

LYNN FOWLKES
565 JEFFERSON DRIVE APT 109
DEERFIELD BEACH, FL 33442

SUBJECT: BOOK WITH ME TRAVEL, LLC
Ref. Number: W05000045050

We have received your document for BOOK WITH ME TRAVEL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the managers name in article IV.

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) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 505A00059432

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BOOK WITH ME TRAVEL, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

565 JEFFERSON DRIVE #109
DEERFIELD BEACH, FLORIDA 33442

Mailing Address:

565 JEFFERSON DRIVE #109
DEERFIELD BEACH, FLORIDA 33442

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

LYNN FOWLKES

Name

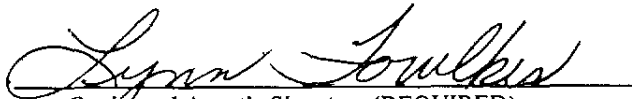
565 JEFFERSON DRIVE #109

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

DEERFIELD BEACH FL 33442

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 (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

MGR

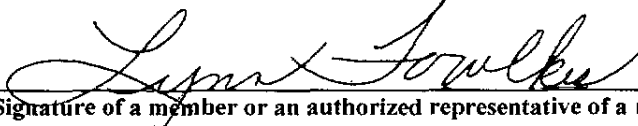
Name and Address:

LYNN FOWLKES
565 JEFFERSON DRIVE #109
DEERFIELD BEACH, FLORIDA 33442

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: SEPTEMBER 15, 2005 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

LYNN FOWLKES

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)