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(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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COVER LETTER

TO: Registration Division of	Section Corporations	•	
SUBJECT:,Fe	Name of Limite	genext LLC d Liability Company)	TOOL OF THE SAME
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	13
Please return all corre	spondence concerning this matte	er to the following:	SEE
DAV	id F Howard		TU ORILL
	((Name of Person)	75
		(Firm/Company)	
11			
415	6 12th Pl. S.U	(Address)	<u> </u>
Vero	Beach, Fl.	32968	
	(City	/State and Zip Code)	
For further information	on concerning this matter, please	call:	
DAvid 1	howard ne of Person)	at (772) 770 -	4485
(Na	ne of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check	for the following amount:		
☐ \$125.00 Filing Fe	\$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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY				
ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Tour Aces Manage Ment "LLC" (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.)				
(with the words Elimited Liability Company, Elimited Company or their abbreviation LLC, or L.C., or L.				
ARTICLE II - Address:				
The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address: Mailing Address:				
4150 12th Pl. S.W. 4150 12th Pl SW. Vero Beach Fl.				
32968				
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:				
David F Howard				
Name				
4150 12th Pl. S.W.				
Florida street address (P.O. Box NOT acceptable)				
Vero Reach FL 32968				
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) Page 1 of 2

	•			
ARTICLE IV- Manager(s) or Managi The name and address of each Manager				
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGR	Upo 12th Pl. S.W. OF Vero Ruch Fl. 32968			
MGRM	Jimmy Simpless 4725 Foth Terrace Vero Beach Fl. 32967			
MGRM	John Payner P.O. Box 700056 WABASSO FL. 32970			
MGRM	Ed Elliott 1295 20th Ave Vero Beach Fl. 32960			
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the date of filing: (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.) David F Houard 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)				