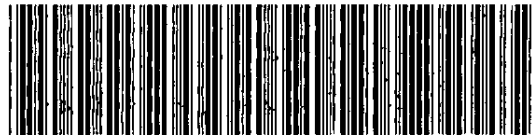


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Effective Date 06/11/08

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JUN 16 PM 4: 10

(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

J. BRYAN

JUN 17 2008

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Tipsy Taxi LLC  
(Name of Limited Liability Company)

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
08 JUN 16 PM 4:10

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bennett Andrews  
(Name of Person)

Tipsy Taxi LLC  
(Firm/Company)

104 SW 8th St.  
(Address)

Gainesville FL 32601  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bennett Andrews at (727) 385-5586  
(Name of Person) (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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

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DIVISION OF CORPORATIONS  
08 JUN 19 PM 4:10

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Tipsy Taxi LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

104 SW 8th St.  
Gainesville, FL 32601

**Mailing Address:**

104 SW 8th St.  
Gainesville, FL 32601

**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:

Effective Date 06/11/08

Bennett Andrews  
Name

104 SW 8th Street

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

Gainesville, FL 32601

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)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
08 JUN 16 PM 4:10

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Bennett Andrews  
104 SW 8th St.  
Gainesville, FL 32601

MGR

Chase Dubois  
104 SW 8th St.  
Gainesville, FL 32601

\_\_\_\_\_

\_\_\_\_\_

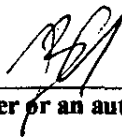
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: June 11, 2008 (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.)

Bennett Andrews

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)