08000067560

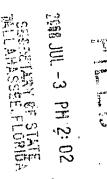
(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
·
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Octambates of Status
Special Instructions to Filing Officer:
,
<u>, . </u>

Office Use Only



700131639967

07/03/08--01015--025 **155.00



T. CLINE

JUL 14 2008

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Fantasy Fiction Tour, 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:
Eric J. Reinhold
(Name of Person)
Academy Wealth Management
(Firm/Company)
1900 Summit Tower Blvd, Suite 230, Orlando, FL 32810
(Address)
Orlando, Florida 32810
(City/State and Zip Code)
For further information concerning this matter, please call:
Eric J. Reinhold (407) 329-3011
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S125.00 Filing Fee \$\sum \\$130.00 Filing Fee & \$\sum \\$\$155.00 Filing Fee & \$\sum \\$\$160.00 Filing Fee, \$\sum \\$\$ Certificate of Status & Certified Copy & Certificate of Status & Certified Copy & Certified Copy
(additional copy is enclosed)
Mailing Address Registration Section Street/Courier Address Registration Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301



July 7, 2008

ERIC REINHOLD 1900 SUMMIT TOWER BLVD., SUITE 230 ORLANDO, FL 32810

SUBJECT: FANTASY FICTION TOUR, LLC

Ref. Number: W08000032107

We have received your document for FANTASY FICTION TOUR, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 3, 2008. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return 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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 908A00039969

O DOV (00# #F-11-1 ---- F1- 11- 0001)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Fantasy Fiction Tour, LLC (Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	_	
ARTICLE II - Address: The mailing address and street address of the pro-	incipal office of the Limited Liability	[,] Compa	ny is:
Principal Office Address:	Mailing Address:		
1900 Summit Tower Blvd. Suite 230 Orlando, Florida 32810	1900 Summit Tower Blvd. Suite 230 Orlando, Florida 32810		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)			
The name and the Florida street address of the re	egistered agent are:	1 mm	
Eric J. Reinhold			-25
Name	ディング (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	1	interes
1900 Summit Tower	Blvd.	့် ယ	
Florida street address (P.O. Box NOT acceptable)			egaste Samu
Orlando, Florida 328	1 위 원2	2: 02	-41-,
City, State, a	nd Zip	7 73	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this canacity	his certificate, I hereby accept the appo	ointment	as

egistered 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

ÄRTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Eric J. Reinhold
	1900 Summit Tower Blvd. Suite 230
	Orlando, Florida 32810
MGRM	Christopher Hopper
	PO Box 235
	Depauville, NY 13632
MGRM	Bryan Davis
	205 Wiley Lane
	Middleton, TN 38052
MGRM	Wayne Thomas Batson
	1309 Allen Court
	Eldersburg, MD 21784
	Eldersburg, MD 21784
(Use attachment if necessary)	
•	Juy W
CLE V: Effective date, if other than	the date of filing: May 1, 2008 . (OPTIONAL)
CLE V: Effective date, if other than effective date is listed, the date must	Juy W
CLE V: Effective date, if other than	the date of filing: May 1, 2008 . (OPTIONAL)
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.)	the date of filing: May 1, 2008 . (OPTIONAL)
CLE V: Effective date, if other than effective date is listed, the date must	the date of filing: May 1, 2008 . (OPTIONAL)
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.)	the date of filing: May 1, 2008 . (OPTIONAL)
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.)	the date of filing: May 1, 2008 . (OPTIONAL)
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: May 1, 2008 . (OPTIONAL) st be specific and cannot be more than five business days prior more or an authorized representative of a member.
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with	the date of filing: May 1, 2008 (OPTIONAL) st be specific and cannot be more than five business days prior mbar or an authorized representative of a member. h section 608.408(3), Florida Statutes, the execution
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a ment of this document contains a signature of the sig	the date of filing: May 1, 2008 (OPTIONAL) st be specific and cannot be more than five business days prior mher or an authorized representative of a member. h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of periory
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document of that the facts state)	the date of filing: May 1, 2008 . (OPTIONAL) st be specific and cannot be more than five business days prior mbar or an authorized representative of a member. h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ted herein are true.)
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document of that the facts state)	the date of filing: May 1, 2008 . (OPTIONAL) st be specific and cannot be more than five business days prior mbar or an authorized representative of a member. h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ted herein are true.) Typed or printed name of signee
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document of that the facts state)	the date of filing: May 1, 2008 (OPTIONAL) st be specific and cannot be more than five business days prior mbar or an authorized representative of a member. th section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ted herein are true.) Typed or printed name of signee
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mer (In accordance with of this document of that the facts state the facts state that the facts state that the facts state that the facts state th	the date of filing: May 1, 2008 (OPTIONAL) st be specific and cannot be more than five business days prior mber or an authorized representative of a member. th section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ted herein are true.) Typed or printed name of signee

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)