

L080000082573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

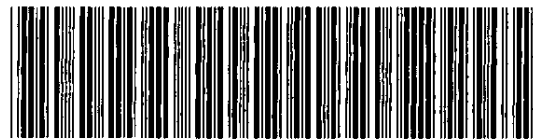
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AUG 29 2008  
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**MyCorporation**  
From the makers of **QuickBooks**

26520 Agoura Road  
Calabasas, CA 91302

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e-mail: [info@mycorporation.com](mailto:info@mycorporation.com)

## ROUTINE SERVICE FILING REQUEST

Friday, August 15, 2008

Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re:   *Gator Adventure Productions, LLC***

Ladies and Gentlemen:

Please find enclosed for filing Articles of Organization for the above referenced company.

Enclosed is a check in the amount of \$155.00 for filing and for a **certified copy**.

Please return the **certified copy** to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation Business Services, Inc.  
26520 Agoura Road  
Calabasas, CA 91302  
**ATTN: FULFILLMENT DEPARTMENT**

**Articles of Organization  
For  
Gator Adventure Productions, LLC  
Florida Limited Liability Company**

**ARTICLE I - Name:**

The name of the Limited Liability Company is Gator Adventure Productions, LLC.

**ARTICLE II - Address:**

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

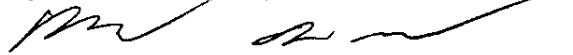
2856 Falling Tree Circle  
Orlando, Florida 32837

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

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

Michael Womer  
2856 Falling Tree Circle  
Orlando, Florida 32837

*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.*



Michael Womer, Registered Agent

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Michael Womer  
2856 Falling Tree Circle  
Orlando, Florida 32837

Tony Pig<sup>m</sup>tain  
2856 Falling Tree Circle  
Orlando, Florida 32837

Flavio Morrissiey  
2856 Falling Tree Circle  
Orlando, Florida 32837



Meghan Record, Organizer

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