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01/22/09--01009--013 **125.00

Effective Date 01/14/09

T. HAMPTON

JAN 23 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
	ture Shuttles LLC	;		
	(Name of Limi	ted Liability Compa	any)	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing	g.	
Please return all corresp	condence concerning this made	tter to the following	:	
Jeff Jones	.			
		(Name of Person)		
		(Firm/Company)		
5915 L a	agoon Dr	(
0010 14 20	190011 21	(Address)		
Panama (City Beach, FI 324	08		
**************************************	(Ci	ty/State and Zip Code	:)	· · · · · · · · · · · · · · · · · · ·
For further information	concerning this matter, pleas	e call:		
Jeff Jones		at (850	236-867	7
(Name	of Person)	(Area Code	e & Daytime Tel	ephone Number)
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	ру	\$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	Registration Division of Clifton B 2661 Exe	ourier Address on Section of Corporations uilding cutive Center C	

Effective Date 01/14/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company	y is:		
Adventure Shuttles LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")		
	silent, company, didicit, di discri		
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liab	ility Compa	ny is:
Principal Office Address:	Mailing Address:		
5915 S outh Lagoon Dr	5915 Lagoon Dr		
Panama City Beach,Fla. 32408	Panama City Beach, Fl. 32408		
The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.) The name and the Florida street address of to Jeff Jones No. No. Span D. Jegoon D.	he registered agent are:	al or another	
	et address (P.O. Box NOT acceptable)		
Panama City Bea			
City, Sta Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as	in this certificate, I hereby accept the a acity. I further agree to comply with th e performance of my duties, and I am fo	appointment of provisions amiliar with o	as of ali and
Registroed Agent's Si	gnature (REQUIRED)	09 JAN 22	SECRETARY DIVISION OF C

(CONTINUED) Page 1 of 2

ARTICLE 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" = Ma "MGRM" = N	inager Managing Member	
MGR		Jeff Jones
		5915 A Lagoon Dr
		Panama City Beach, Fl. 32408
MER		CHUCK Moore
17,61		5915 N. LACOON DR.
		PANAMA CITY BEACH, FLA 32408
		J
		
······		
(Use attachma	ent if necessary)	
•	• *	4.1
TCLE V: Effecti	ive date, if other than the	e date of filing: 1//4/2009 (OPTIONAL)
n effective date is	ilisted, the date must l	be specific and cannot be more than five business days p
90 days after the	e date of filing.)	,
REQUIRED	SIGNATURE: ,	<i> 1/</i>
·	///	//
	///	
	Signature of different	or an authorized representative of a member.
	/////	7
	(In accordance with se	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
	that the facts stated	herein are true.)
	Jeff Jones	
		yped 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)