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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
FEB - 2 2009				
EXAMNER				

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COVER LETTER

TO: Registration Sc Division of Cor					
SUBJECT: FLO	KIDA Keys Ros (Name of Limited I	ad Terp Limit Liability Company)	ed Liabil	ITy Con	npan
The enclosed Articles of	Organization and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter t	o the following:			
HAR	Ry W. Bown	1AN	**************************************		
	·	,		_	
FLoreida	Keys Rond Tra	(Company)	ability Co	<u>ompav</u> y	1
2021	Z. WILLIAM S	ST.	<u> </u>	2009 JAN SEARE I	
Keyl	West, FL. (City/St	33040	SSE	30	
\overline{l}	(City/St	ate and Zip Code)	ות. ניי	P P	
For further information co	oncerning this matter, please ca	II:	Corio	2: 22 STREE	السية
HARRY B	owsna N at f Person)	(<u>305</u>) <u>587</u> (Area Code & Daytime T	- 0202 elephone Number)	_	
Enclosed is a check for					
125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & [Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of S Certified Copy (additional copy i	Status &	٠
,	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FLORIDA Keys Road TRIP LLC.

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
202 R. WILLIAM ST. Key West, FL 33030	202 R. WILLIAM ST. Keywest, FL 33040
	egistered agent are:

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..

(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: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MOR	HARRY W BOWMAN 202 R. WILLIAM ST. Key West, F2, 33040
	20
	LIAN 30 F
(Use attachment if necessary)	FIGRIDA
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: <u>Ale of filing</u> . (OPTIONAL) e specific and cannot be more than five business days prior

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.)

HARRY W BOWMAN
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)