

L09000055214

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(Business Entity Name)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN -5 AM 10:57

T. HAMPTON

JUN - 8 2009

EXAMINER

W09-25718

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Island Girls Excursions, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Kim Mimides
Name of Person

Island Girls Excursions, LLC
Firm/Company

152 EVENINGSTAR CAY
Address

NAPLES, FL 34114
City/State and Zip Code

Islandgirls-excursions@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY A. FINK at (239) 571-2947
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☒ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUN -5 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 2, 2009

KIM MINIDES
152 EVENINGSTAR CAY
NAPLES, FL 34114

SUBJECT: ISLAND GIRLS EXCURSIONS, LLC
Ref. Number: W09000025718

We have received your document for ISLAND GIRLS EXCURSIONS, LLC and check(s) totaling \$150.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$5.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

We need a check for \$5.00 in order to provide a certified copy of the articles of organization.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 409A00018530

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Island Girls Excursions, 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:

Mailing Address:

152 EVENINGSTAR LAY
NAPLES, FL 34114

SAME

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:

Kim Mimides

Name

152 EVENINGSTAR LAY

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

NAPLES FL 34114

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..

Kim Mimides

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGRM

Name and Address:

KIM MIMIDES
152 EVENINGSTAR CAY
NAPLES, FL 34114

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Kim Mimides
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.)

Kim Mimides
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)

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