

LO91000075585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

AUG - 6 2009

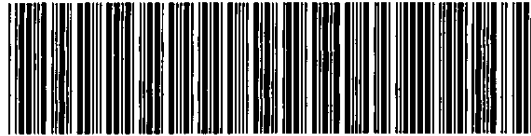
EXAMINER

Office Use Only

L. SELLERS

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EXAMINER



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DEAR SIR,

PLEASE SUBMIT THE FOLLOWING:

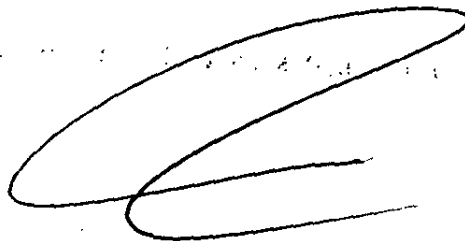
ARTICLE OF ORGANIZATION
FOR WE TRUCK TOUR, LLL

From

JOHN A. KING

120 GCONVE DRIVE

FAR MYERS BEACH FL 33931

A large, stylized handwritten signature, possibly reading "John A. King", written in dark ink.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: WE TALK TOURS
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:

JOHN A KING

Name of Person

WE TALK TOURS

Firm/Company

120 COCONUT DRIVE

Address

FORT MYER BEACH FL 33931

City/State and Zip Code

JOHN.ALEX.KING@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN A KING

Name of Person

at (404) 630 6320

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WE TALK TOURS, 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:

120 COCONUT DRIVE
FORT MYERS BEACH FL
33931

Mailing Address:

120 COCONUT DRIVE
FORT MYERS BEACH FL
33931

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:

KATHRYNE A KING
Name

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

FT MYERS BEACH FL 33931
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..

Kathryne A King
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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WE TALK TOWN

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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

Name and Address:

MGRM

JOHN A KING

120 COCONUT DRIVE

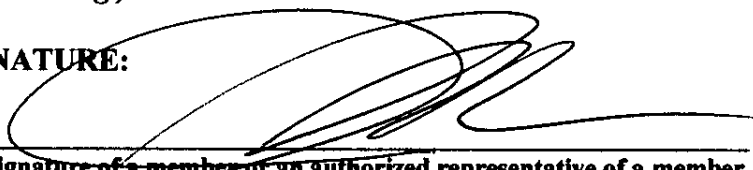
FOUR MYERS BURNETT FL 33531

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/03/2009 (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:


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.)

JOHN A KING

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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TALLAHASSEE FLORIDA