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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
JAN 4 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations.**

SUBJECT: EZ TRAVEL TAMPA LLC
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:

CHAD S BRUCE

Name of Person

EZ TRAVEL TAMPA LLC

Firm/Company

6107 MEMORIAL HWY SUITE E6

Address

TAMPA FL 33615

City/State and Zip Code

CBRUCE@EZTRAVELTAMPA.COM

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

For further information concerning this matter, please call:

CHAD S BRUCE

Name of Person

at (**813**) **374-9489**

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:

EZ TRAVEL TAMPA 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

Principal Office Address:

6107 MEMORIAL HWY
SUITE E-6
TAMPA FL 33615

Mailing Address:

6107 MEMORIAL HWY
SUITE E-6
TAMPA FL 33615

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:

CHAD S BRUCE

Name

6107 MEMORIAL HWY SUITE E6

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

TAMPA 33615 FL

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..

Chad S Bruce
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

Name and Address:

MGRM

JAMIE SINGLETARY

6107 MEMORIAL HWY SUITE E6

TAMPA FL 33615

MGRM

CHAD S BRUCE

6107 MEMORIAL HWY SUITE E6

TAMPA FL 33615

(Use attachment if necessary)

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ARTICLE V: Effective date, if other than the date of filing: 01/01/2010. (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:

Chad S Bruce
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.)

CHAD S BRUCE

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)