

L100000029477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

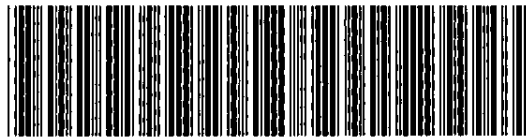
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400171843714

03/17/10--01029--014 **125.00

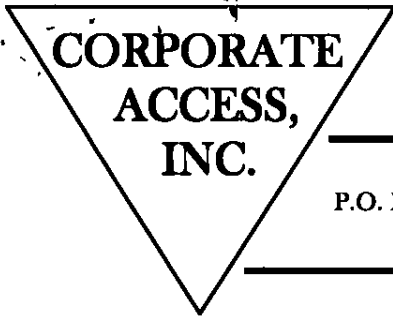
RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 MAR 17 AM 11:19
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 17 PM 1:13

B. KOHR

MAR 17 2010

EXAMINER



When you need ACCESS to the world

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

3/7 Emily

☐ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAR 17 PM 1:13

1. Riverscape Boat Tours, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

RIVERSCAPE BOAT TOURS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5615 NW 75th Avenue
Ocala FL 34482

Mailing Address:

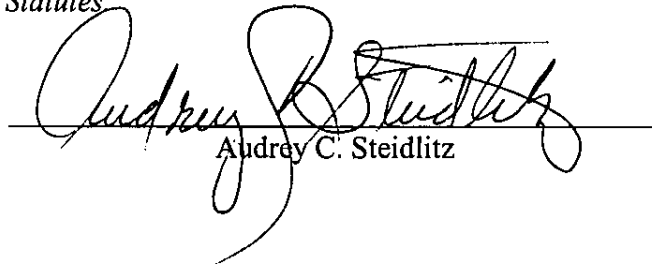
P.O. Box 770007
Ocala FL 34477

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Audrey C. Steidlitz
5615 NW 75th Avenue
Ocala, FL 34482

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, Florida Statutes


Audrey C. Steidlitz

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 17 PM 1:13

ARTICLE IV- Manager(s) or Managing Member(s):

The names and addresses of the Managers are as follows:

Title:

Name and Address:

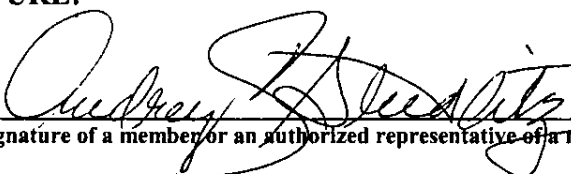
“MGR”

Audrey C. Steidlitz
P.O. Box 770007
Ocala FL 34477

“MGR”

Peter N. Clark
P.O. Box 770007
Ocala FL 34477

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.)

Audrey C. Steidlitz
Typed or printed name of signee