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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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2010 MAY 25 PM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 26 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOUR AMERICA (Merita Stanley)
(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:

MERITA STANLEY

(Name of Person)

TOUR AMERICA

(Firm/Company)

5476 FORT RD.

(Address)

GREENWOOD, FL. 32443

(City/State and Zip Code)

For further information concerning this matter, please call:

MERITA STANLEY

(Name of Person)

at (850) 594-9980 or 209-0702

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2010

MERITA STANLEY / TOUR AMERICA
5476 FORT RD.
GREENWOOD, FL 32443

SUBJECT: TOUR AMERICA (LLC)
Ref. Number: W10000024726

We have received your document for TOUR AMERICA (LLC) and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 510A00012811

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOUR AMERICA (LLC)

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

ARTICLE II - Address:

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

Principal Office Address:

Tour America
5476 Fort Rd.
Greenwood, Fl. 32443

Mailing Address:

Tour America
P.O. Box 6376
Marianna, Fl. 32447

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:

MERITA STANLEY
Name
5476 Fort Rd.
Florida street address (P.O. Box **NOT** acceptable)
Greenwood, FL 32443
City, State, and Zip

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30 MAY 25 PM 8:39
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TALLAHASSEE, FLORIDA

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..

Merita Stanley
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Merita Stanley (MGRM)

Name and Address:

P.O. Box 6376

Marianna, Fl. 32447

FILED

2010 MAY 25 PM 3:40

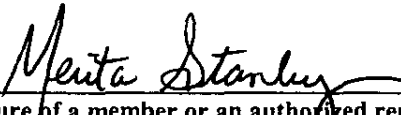
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 18, 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:



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.)

MERITA STANLEY

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)