

#L10000/21460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

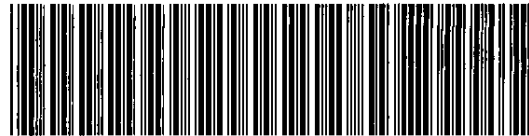
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

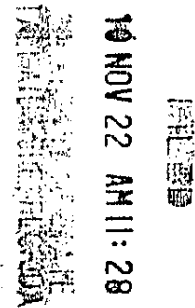
Special Instructions to Filing Officer:

Office Use Only



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K. SALY
EXAMINER

NOV 23 2010

PALMARELLA, CURRY & KELLY, P.C.

Four Glenhardie Corporate Center
1255 Drummers Lane
Suite 105
Wayne, Pennsylvania 19087
610.687.1100
Fax 610.687.8830

Pamela A. Raab, Esquire
E-Mail par@pkpc.net



www.palmarellacurry.com

November 15, 2010

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Legendary Excursions FL, LLC

Dear Sir or Madam,

Enclosed herewith for filing are two (2) original Cover Letters and Articles of Organization for Florida Limited Liability Company for Legendary Excursions FL, LLC together with a check in the amount of \$125.00 made payable to the Florida Department of State. Kindly date stamp one (1) original and send it to my attention in the self addressed stamped envelope enclosed for your convenience.

Thank you for your attention to this matter. If you have any questions or comments, please contact me at the number noted above.

Very truly yours,

PALMARELLA, CURRY & KELLY, P.C.

By: Pamela Raab
Pamela A. Raab, Esquire

PAR/
Enclosures
cc: Mr. Mark Townsend (w/ enclosure)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legendary Excursions FL, 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:

Pamela A. Raab, Esquire,

Name of Person

Palmarella, Curry & Kelly, P.C.

Firm/Company

1255 Drummers Lane, Ste. 105

Address

Wayne, PA 19087

City/State and Zip Code

par@pkpc.net

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

For further information concerning this matter, please call:

Pamela A. Raab, Esquire

Name of Person

at (610) 687-1100

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:

Legendary Excursions FL, 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:

4000 State Road 33

Clermont, FL 34714

Mailing Address:

4520 Willa Creek Dr.

104

Winter Springs, FL 32708

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:

Mark Townsend

Name

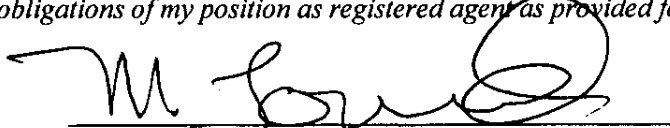
4520 Willa Creek Dr., # 104

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

Winter Springs, FL 32708

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..



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

Name and Address:

MGRM

Mark Townsend

4520 Willa Creek Dr. # 104

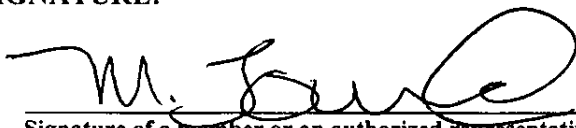
Winter Springs, FL 32708

(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:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Mark Townsend

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)