

Division of Corporations

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Email Address: shawnd@tampabay.rr.com

**FLORIDA LIMITED LIABILITY CO.**  
**Florida Scenic Tours, LLC**

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**EXAMINER**

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

**ARTICLE I - NAME**

The name of the Limited Liability Company is: **FLORIDA SCENIC TOURS, LLC**

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 1700 66<sup>th</sup> Street N., Suite 310, St. Petersburg, FL 33710

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE,  
& REGISTERED AGENT'S SIGNATURE**

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

Shawn C. Damkoehler  
1700 66<sup>th</sup> Street N., Suite 310  
St. Petersburg, FL 33710

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.

  
Shawn C. Damkoehler, Registered Agent

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.

**ARTICLE V - MANAGER(S) OR MANAGING MEMBER(S)**

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

Manager

Shawn C. Damkoehler  
1700 66<sup>th</sup> Street N., Suite 310  
St. Petersburg, FL 33710

Manager

Jeanna Damkoehler  
1700 66<sup>th</sup> Street N., Suite 310  
St. Petersburg, FL 33710

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Shawn C. Damkohler, Manager

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.

Shawn C. Damkohler  
Typed or printed name of signer

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