L110000H8H38

(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



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04/06/11--01012--008 **125.00

EFFECTIVE DATE 04:25-11

II APR 22 AH 9: 09

B. BOSTICK
APR 25 2011
EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: Azure Oceans	Travel, LLC	
	ame of Limited Liability Company	
The enclosed Articles of Organization as	nd fee(s) are submitted for filing.	
Please return all correspondence concern		
•	g	
Sherry C. Stanko	Name of Person	
Azure Oceans Trav		
	Firm/Company	₹
315 Tinder Place		
	Address	PR 2
Casselberry, Florida		22 (\$\$E
sherrystanko@azureoc	City/State and Zip Code	FL0
	s: (to be used for future annual report notification	
For further information concerning this n	natter, please call:	A A
Sherry Stanko	999 040 00	^7
Name of Person	at (888) 846-92 Area Code & Daytime	
	·	•
Enclosed is a check for the following	amount:	
\$125.00 Filing Fee \$130.00 Filin Certificate of	· []	\$160.00 Filing Fee, Certificate of Status &
Certificate	(additional copy is enclosed)	Certified Copy
		(additional copy is enclosed)
Mailing Addr		<u>'635</u>
Registration Se Division of Co		ions
P.O. Box 6327	7 Clifton Building	
Tallahassee, F	L 32314 2661 Executive Cent Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	
Azure Oceans Travel, LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
315 Tinder Place Casselberry, FL 32707	315 Tinder Place Casselberry, FL 32707
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	stered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Sherry C. Stanko	
Name	والمسترين المسترين ال
315 Tinder Place	dress (P.O. Box NOT acceptable)
Florida street ad	dress (P.O. Box NOT acceptable)
Casselberry	FL 32707
City, St	tate, 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 (REOUIRED)

(CONTINUED)

Page 1 of 2

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

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

	,
Sherry C. Stanko 315 Tinder Place Casselberry, FL 32707	
	SECIALLAR
	R 22 F
	H 9: 09
April 25	
	315 Tinder Place

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.)

Sherry C. Stanko

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)



April 7, 2011

SHERRY C. STANKO 315 TINDER PLACE CASSELBERRY, FL 32707

SUBJECT: AZURE OCEANS TRAVEL, LLC

Ref. Number: W11000019737

We have received your document for AZURE OCEANS TRAVEL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return 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) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 211A00008475