

L11000053/75

(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:

W11-18688

A. LUNT

MAY - 5 2010

EXAMINER

Office Use Only



800199480688

03/31/11--01026--016 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAY -2 AM 9:57

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 1, 2011

KAREN LEONARD  
1209 TRUMAN AVE. #3  
KEY WEST, FL 33040

SUBJECT: KEY WEST FOOD TOURS, LLC  
Ref. Number: W11000018688

We have received your document for KEY WEST FOOD TOURS, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 711A00007972

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KEY WEST FOOD TOURS  
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:

MS. KAREN LEONARD  
Name of Person

Firm/Company

1209 TRUMAN AVENUE #3  
Address

KEY WEST, FLORIDA 33040  
City/State and Zip Code

admin@keywest-food-tours  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Leonard at ( 305 ) 293 8809  
Name of Person 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TO: Florida Department of State - Divisions of Corporations  
Karen Leonard; 1209 Truman Ave. #3; Key West, FL 33040

FROM: Theresa A. Nemetz; 2419 N. 62<sup>nd</sup> Street; Wauwatosa, WI 53213

RE: Key West Food Tours, LLC; Ref. Number: W11000018688

DATE: April 22, 2011

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This letter is to give notice to all parties that the entity name KEY WEST FOOD TOURS, LLC is released and there is no intention of reinstating this name for use by the previous registrant, Theresa A. Nemetz.

If any further information is needed to confirm the release of this entity name, please contact Theresa A. Nemetz at 262-853-5239 or via email at [theresanemetz@hotmail.com](mailto:theresanemetz@hotmail.com).

In kind regards,



Theresa A. Nemetz

NOTICE: This document is a notice of release of the entity name KEY WEST FOOD TOURS, LLC. It is not a legal document and should not be used as such. It is for informational purposes only.

APR 22 2011  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KEY WEST FOOD TOURS, 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:

1209 TRUMAN AVE. #3  
KEY WEST, FLORIDA  
33040

Mailing Address:

1209 TRUMAN AVENUE #3  
KEY WEST, FLORIDA  
33040

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:

KAREN LEONARD

Name

1209 TRUMAN AVENUE #3

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

KEY WEST, FL. 33040

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..*

Karen Leonard

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:**

MGR

KAREN LEONARD  
1209 TRUMAN AVENUE #3  
KEY WEST, FLORIDA 33040

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SECRETARY OF STATE  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 05-02-11 BY 60322  
UCBA

(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:**

Karen Leonard  
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.)

Karen Leonard

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)