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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: How Nice Adventures 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:
Constance J Lang
Name of Person
How Nice Adventures LLC
Firm/Company
11 Landlubber Lane
Address
Osprey, Florida, 34229
City/State and Zip Code
lang.connie@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Constance Lang
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\subset\$\$\sqrt{\$\subset\$}\$\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
How Nice Adventures LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11 Landlubber Lane	11 Landlubber Lane
Osprey, Florida, 34229	Osprey, Florida
	34229
The name and the Florida street address of the reconstance Lang Name 11 Landlubber La	
	ress (P.O. Box NOT acceptable)
Osprey, Florida, 34229	
***************************************	FL te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	cocept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
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(CONTINUED)

Page 1 of 2

NOV 10 PH 7: 81
SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	
MOMM — Managing Member	
Mgr	Constance Lang
	11 Landlubber Lane
	Osprey, Florida, 34229
•	•
fective date is listed, the date must b	e date of filing: (OPTION e specific and cannot be more than five business d
fective date is listed, the date must b days after the date of filing.)	e date of filing: (OPTION e specific and cannot be more than five business d
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fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a memb	e specific and cannot be more than five business d
fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a memb	er or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State

of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)