

L120000016773

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

• (Document Number)

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W12000004987

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
FEB 03 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2012

CARYNN CAVE THOMPSON
1956 LAGO VISTA BLVD
PALM HARBOR, FL 34685

SUBJECT: CCT CRUISE & TRAVEL L.L.C. DBA/CAVE'S CRUISE & TRAVEL
Ref. Number: W12000004987

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TALLAHASSEE, FLORIDA

We have received your document for CCT CRUISE & TRAVEL L.L.C. DBA/CAVE'S CRUISE & TRAVEL and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 012A00002238

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CCT CRUISE & TRAVEL L.L.C.
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:

CARYNN CAVE THOMPSON
Name of Person

CCT CRUISE & TRAVEL L.L.C.
Firm/Company

1956 LAGO VISTA BLVD
Address

PALM HARBOR, FL 34685
City/State and Zip Code

CTRAVEL@TAMPABAY.RR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARYNN CAVE THOMPSON at (**727**) **789-1772**
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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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CCT CRUISE & TRAVEL L.L.C.

(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:

1956 LAGO VISTA BLVD

PALM HARBOR, FL

34685

Mailing Address:

1956 LAGO VISTA BLVD

PALM HARBOR, FL

34685

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:

CARYNN CAVE THOMPSON

Name

1956 LAGO VISTA BLVD

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

PALM HARBOR FL 34685

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Carynn Cave Thompson

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

CARYNN CAVE THOMPSON

1956 LAGO VISTA BLVD

PALM HARBOR, FL 34685

(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.)

CARYNN CAVE THOMPSON

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)**

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