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| (Re                                     | equestor's Name)   |           |  |
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| (Ad                                     | ldress)            |           |  |
| (Cit                                    | ty/State/Zip/Phone | e #)      |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |
| (Bu                                     | siness Entity Nan  | ne)       |  |
| (Document Number)                       |                    |           |  |
| Certified Copies                        | _ Certificates     | of Status |  |
| Special Instructions to Filing Officer: |                    |           |  |
|   |                    |           |  |
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SECRETARY OF STATES
TATLE AHASSEE FOR TORING

D. BRUCE
MAR 2 3-2012

**EXAMINER** 

## **COVER LETTER**

| TO: Registration Division of C             |   |  | ~#X  |              |      |
|--|---|--|--|--------------|------|
| SUBJECT: Mik                               | es Travelans Name of Lim  | Services L.L.C   | <u></u>  |              |      |
| Please return all corres                   | of Organization and fee(s) are pondence concerning this many          | -  |  |              |      |
| Mikes                                      | Traveling Ser   | Firm/Company   | <del></del>  |              | آگور |
| _  | arbor, Fl   | Address  34682  City/State and Zip Code  - ma(                     | CEETARY<br>LAHASSE   | 10 MAD 22 BE |      |
| For further information                    | Murring this matter, plea   |  | 2003   |              |      |
| Enclosed is a check to \$125.00 Filing Fee | for the following amount: \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee,<br>Certificate of Status<br>Certified Copy<br>(additional copy is enclo | &            |      |
|  | Mailing Address  Registration Section                                 | Street/Courier Address Registration Section                        |  |              |      |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| Mrke's Traveling Ser                                 | vices L.L.C. mited Liability Company, "L.L.C.," or "LLC.")          |
|--|---|
| (* 1 1 1 1 1   |   |
| ARTICLE II - Address:                                |   |
|  | of the principal office of the Limited Liability Company is:        |
| 3  |   |
| Principal Office Address:                            | Mailing Address:  |
| <u> </u>   |   |
| 205 Dempsey Rd                                       |   |
| Pulm Harbor, F 34683                                 | P.O. BOX 963  |
|  | Pulm Horbor, F1 34642   |
|  |   |
| ARTICLE III - Registered Agent, R                    | egistered Office, & Registered Agent's Signature:                   |
| (The Limited Liability Company cannot serve as its   | s own Registered Agent. You must designate an individual or another |
| business entity with an active Florida registration. |   |
| The name and the Florida street address              | ss of the registered agent are:                                     |
| The name and the Florida Street address              | So the registered again are.  |
| Michael W.   | Marroy ASS  |
|  | Name Page 17  |
|  |   |
| 205 Dem  |   |
| Florid   | a street/address (P.O. Box NOT acceptable)                          |
| [Q]. II. Ja.   | 7 FL 34683  |
| IMM ITAT NOT   | City, State, and Zip  |
|  | 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.

Registered Agent's Signature (REQUIRED

(CONTINUÉD)

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:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member        | Name and Address:  |
|---|--|
| MGR   | Michael W. Murray Palm Horbor, Fl 34683  Mochael W. Murray P.O. Box 963 Palm Horbor, Fl 34682  |
|   | n the date of filing: (OPTIONAL)   |
| to or 90 days after the date of filing.)  REQUIRED SIGNATURE: | ust be specific and cannot be more than five business days prior lember or an authorized representative of a member.   |
| constitutes an affirmation<br>I am aware that any false       | on 608.408(3), Florida-Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  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)