## 1200116039

G. MCLEOD
SEP 11 2012

**EXAMINER** 



900238964689

09/11/12--01003--011 \*\*130.00

SECRETARY OF STATE

AH 1: 52

## COVER LETTER

Division of Corporations		
SUBJECT: Capture Vacations and Fours 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:		
Summer Gable Rockwell		
Capture Vacations and Torus		
1242 Williams Landing Road		
Tallahassee F1, 32310 City/State and Zip Code		
Capture vacature annual report notification)  Capture Vacature annual report notification)		
For further information concerning this matter, please call:		
Summer Rockwell at 850 339-6961  Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$  Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, 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 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:

Capture Vacations (Must end with the words "Limited Liability	and Tours LLC y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1262 WilliamsLundingRd Taleanassee f1.32310	1262 Williamslanding Rd Tallahassee. Fl. 32310
Talkissee City, Star	ered Agent. You must designate an individual or another
liability company at the place designated in the registered agent and agree to act in this capacity	nis 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

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Marm (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:**

(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 §.§17.155, F.S.)

Signature of a member or an authorized representative of a member.

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)