

L12000122309

(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:

Office Use Only

B. KOHR

SEP 25 2012

EXAMINER



300239350313

09/10/12--01004--007 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 24 PM 12:55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Everglades Hummer Tours & Airboat Safari
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:

Freddy Guevara
Name of Person
Everglades Hummer Tours & Airboat Safari
Firm/Company
14033 SW 272nd St
Address
Homestead, FL 33032
City/State and Zip Code
shepdt@gmail.com
E-mail address: (to be used for future annual report notification)

12 SEP 24 PM 12:55
SECRETARY OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Freddy Guevara at (786) 344 3602
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2012

FREDDY GUEVARA
14033 S.W. 272ND STREET
HOMESTEAD, FL 33032

SUBJECT: EVERGLADES HUMMER TOURS & AIRBOAT SAFARI
Ref. Number: W12000047011

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 24 PM 12:55

We have received your document for EVERGLADES HUMMER TOURS & AIRBOAT SAFARI 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 of your company must end in a suffix. Use LLC or the words LIMITED LIABILITY COMPANY.

ALSO, you must list the name and address of the company's Registered Agent in Article III, and the Agent must sign the acceptance statement in Article III.

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) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 312A00022950

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Everglades Hummer Tours & Airstair Safari, LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

14033 SW 272 St.
Homestead, FL 33032

Mailing Address:

14033 SW 272 St.
Homestead, FL 33032

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:

Freddy Guevara
Name

14033 SW 272 St.

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

Homestead FL 33032

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 24 PM 12:55

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

David Sheppard
13951 SW 272nd St
Homestead, FL, 33032

MGRM

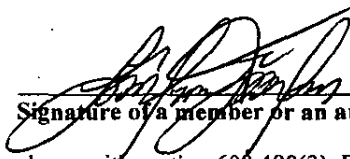
Freddy Guevara
14033 SW 272nd St
Homestead, FL, 33032

(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.)

Freddy Guevara

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)