

L12000131785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

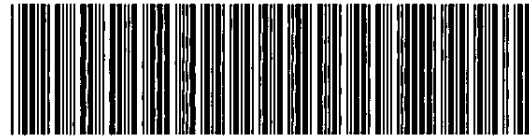
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500239882515

09/24/12--01021--003 \*\*160.00

EFFECTIVE DATE 11-01-12

FILED  
12 OCT 15 PM 5:03  
SEAL/NOT RECORDED  
TALLAHASSEE, FLORIDA

B. BOSTICK  
OCT 16 2012  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Holidaze Boat Rental, 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:

Heather Kline

Name of Person

Holidaze Boat Rental, LLC

Firm/Company

36335 N. Fieldview Dr

Address

Gurnee, IL 60031

City/State and Zip Code

HeatherKline@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Kline

Name of Person

at ( 847 ) 857-8498

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

FILED  
12 OCT 15 PM 5:03  
TALLAHASSEE, FLORIDA

Check  
Sent  
Prior

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**Holidaze Boat Rental, LLC**

(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:

309 Caicos Dr

Punta Gorda, FL 33950

### Mailing Address:

36335 N. Fieldview Dr

Gurnee, IL 60031

## 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:

Heather Kline

Name

309 Caicos Dr

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

Punta Gorda

FL 33950

City, State, and Zip

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SECRETARY OF STATE  
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..*

Heather Kline

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:**

MGR

Mark Kline  
309 Caicos Dr  
Punta Gorda, FL 33950

MGRM

Heather Kline  
309 Caicos Dr  
Punta Gorda, FL 33950

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TALLAHASSEE, FLORIDA  
STATE

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11-1-12. (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:**

*Heather Kline*

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.)

Heather Kline

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)



# HOLIDAZE BOAT RENTAL, INC.



Fishermen's Village, Punta Gorda

941-505-8888

October 3, 2012

To Whom It May Concern,

This letter is authorizing Mark and Heather Kline to use the name  
Holidaze Boat Rental. I, Audrey Freshman am also authorizing the  
transfer of the business phone number 941-505-8888 to Mark and  
Heather Kline.

Sincerely,

Audrey Freshman, President  
Holidaze Boat Rental, Inc.

FILED  
12 OCT 15 PM 5:03  
TALLAHASSEE, FLORIDA  
RECEIVED  
12 OCT 15 AM 6:49  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2012

MARK AND HEATHER KLINE  
36335 N. FIELDVIEW DRIVE  
GURNEE, IL 60031

SUBJECT: HOLIDAZE BOAT RENTAL, LLC  
Ref. Number: W12000049245

We have received your document for HOLIDAZE BOAT RENTAL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is P01000083142.

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 412A00023914