

L13000001939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

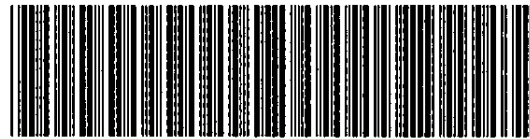
Special Instructions to Filing Officer:

JAN 4 2013

S. TO

Office Use Only

* per phone conversation 1/4/13,
Christopher Kelly authorized
me to list John Simmons
as the MGRM. SP 1/4/13



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01/03/13--01006--014 **160.00

FILED
13 JAN -3 AM 10:54
SECRETARY OF STATE
TAS 615316 10:41:13

CHRISTOPHER P. KELLEY, P.A.

TELEPHONE (305) 893-6004
FACSIMILE (305) 893-7666

ATTORNEY AT LAW
11098 BISCAYNE BOULEVARD
SUITE 205
MIAMI, FLORIDA 33161

EMAIL ADDRESS
CPKLAW@BELLSOUTH.NET

December 27, 2012

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

RE: **ROOTS MIAMI TOURS, LLC**
(Proposed Limited Liability Company name)

Dear Sir or Madam:

Enclosed is one (1) original and one (1) copy of Articles of Organization for **ROOTS MIAMI TOURS, LLC**, with my check in the amount of **\$160.00** for filing same, including:

\$100.00	Filing fee for Articles of Organization and Affidavit.
\$ 25.00	Designation of Registered Agent
\$ 5.00	Certificate of Status
\$ 30.00	Certified copy of Articles

I understand a letter of acknowledgment will be issued free of charge.

Very truly yours,



CHRISTOPHER P. KELLEY

CPK:rd
Enclosures

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**ARTICLE I
NAME**

The name of the Limited Liability Company is:

ROOTS MIAMI TOURS, LLC

**ARTICLE II
ADDRESS**

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

The mailing address is: 1521 Meridian Avenue, #204
Miami Beach, FL 33139

The principal office address is: 1521 Meridian Avenue, #204
Miami Beach, FL 33139

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE,
& REGISTERED AGENT'S SIGNATURE**

The name and the Florida address of the Registered Agent are:

CHRISTOPHER P. KELLEY
11098 Biscayne Boulevard, Suite 205
Miami, Florida 33161

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

ARTICLE IV
MANAGER(S) OR MANAGING MEMBER(S)

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

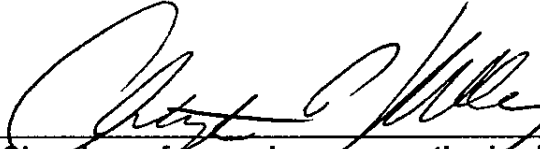
JOHN SIMMONS
1521 Meridian Avenue, #204
Miami Beach, FL 33139

ARTICLE V
EFFECTIVE DATE
(Optional)

Effective date, if other than the date of filing: JANUARY 1, 2013.

(If an effective date is listed, the date must be specific and cannot be more than five [5] 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 are true.)

CHRISTOPHER P. KELLEY
Typed or printed name of signee