

# L13000137289

TRACY HAMMIL

(Requestor's Name)

3351 NW 85th Ave #317

(Address)

(Address)

CORAL SPRINGS, FLORIDA 33065

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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10/1/13

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STATE  
TALLAHASSEE, FLORIDA

13 SEP 30 PM 12:45  
RECEIVED  
DEPARTMENT OF STATE

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SUNNY GET AWAYS ENTERPRISES, 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:**

3351 NW 85<sup>th</sup> AVE 317  
CORAL SPRINGS, FLA  
33065

**Mailing Address:**

3351 NW 85<sup>th</sup> AVE 317  
CORAL SPRINGS, FLORIDA  
33065

**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:

TRACY HAMMIL  
Name

3351 NW 85<sup>th</sup> AVE 317  
Florida street address (P.O. Box NOT acceptable)  
CORAL SPRINGS FL 33065  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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..*

Tracy Hammil  
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:**

MGRM

TRACY HAMMIL  
3351 NW 85th Ave 317  
CORAL SPRINGS, FLORIDA 33065

MGRM

JEFF MOFFET  
2718 LINWOOD DRIVE  
SARASOTA, FLORIDA 34232

  

    
    
    
    
  

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10/01/2013 (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:**

Tracy Hammil  
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.)

TRACY HAMMIL

Typed or printed name of signee

STATE  
TALLAHASSEE  
FEB 14 2014

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FILED

**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)