L13000160795

(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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10/16/13--01004--020 **85.00

11/15/13--01003--028 **40.00

Effective Date

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1:0V 1 5 2013 T. HAMPTON

COVER LETTER

Divis	ion of Corporations
SUBJECT: _	HRCRUISE DEALS, L.L.C.
	Name of Limited Liability Company
The enclosed A	Articles of Organization and fee(s) are submitted for filing.
Please return a	Il correspondence concerning this matter to the following:
	JOE Outcalt Name of Person
	Name of Person
	HRCRuise DEMs, L.L.C.
	Firm/Company
	83 Royal LAKE DRIVE
	Address
	PONTE VedRA, FL 32081
	0.0,0.0.0
	DROUTCAIT HRC RUISE DEAIS, COM E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
2	Name of Person Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:
3 \$125.00 Fili	ng Fee U\$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
125,0 85,0	O Filing FEE O SENT IN ERRUN CK.# 1495
\$ 40.0	00 Enclosed ck. # 583

RECEIVED

13 NOV 14 PM 4: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 25, 2013

JOE OUTCALT 83 ROYAL LAKE DR PONTE VEDRA, FL 32081

SUBJECT: HRCRUISEDEALS LLC Ref. Number: W13000059578

We have received your document for HRCRUISEDEALS LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

List the document number.

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 113A00025001

Effective Date 1/1/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
HRCRUISEDEALS, L.C. (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 Limite	ed Liability Company is:
Principal Office Address: Mailing Address:	
83 Royal LAKE DR 83 Royal LA PONTE VEDRA, FL PONTE VEDRA, 32081	1KE DR FL 32081
ARTICLE III - Registered Agent, Registered Office, & Registered Agent. You must designate an business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
JOE Outealt	
Name	
83 Royal LAKE DR	
Florida street address (P.O. Box NOT acceptabl	e)
Ponte VEDE A FL 3208/ City, State, and Zip	
City, State, and Zip	
Having been named as registered agent and to accept service of process for liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to compall statutes relating to the proper and complete performance of my duties and accept the obligations of my position as registered agent as provided	ept the appointment as oly with the provisions of , and I am familiar with
Registered Agent's Signature (REQUIRED) (CONTINUED)	2013 NOV 14 SECRE TARY FALLAHASSEE
Page 1 of 2	IL PH 3 ARY OF ST ASSEE, FLO

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	CAthie Outcalt 83 Royal Lake Dr. Ponte Vedra, FL 32081
MGRM	Joe Outcalt 83 Royal Lake DR PONTE VEDRA, FL 32081
-	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 1, 2014. (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 promber 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.)

Jo E Oute A / +
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)

2013 NOV IL PM 3: 03
SECRETARY OF STATE
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