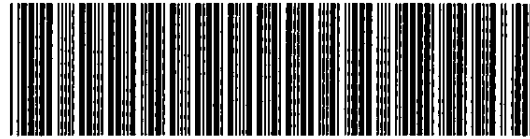


# L 14000010860

- Ancient City Walkway Tours  
24 W Castillo Dr  
St. Augustine FL 32084



300254565313

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

CORRECTION TO EFF. Date PER  
CONVERSATION WITH  
VALERIE LEE 1/21/2014

Office Use Only

EFFECTIVE DATE  
1-1-2014

12/23/13--01054--019 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 DEC 23 PM 3:47

FILED

K. SALY  
EXAMINER  
JAN 21 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 2, 2014

ANCIENT CITY WALKING TOURS LLC  
24 W CASTILLO DR.  
ST. AUGUSTINE, FL 32084

SUBJECT: ANCIENT CITY WALKING TOURS LLC  
Ref. Number: W14000000258

We have received your document for ANCIENT CITY WALKING TOURS 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):

No document was received with your check. Enclosed are articles of organization for your convenience.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 614A00000103

(850) 245-6051.

*copy*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Ancient City Walking Tours, 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:

**Valerie Lee**

Name of Person

**Ancient City Walking Tours, LLC.**

Firm/Company

**24 West Castillo Drive**

Address

**St. Augustine, Florida 32084**

City/State and Zip Code

**val@adginteriors.com**

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

For further information concerning this matter, please call:

**Valerie Lee**

Name of Person

at ( **904-** ) **377-1457**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Ancient City Walking Tours, LLC.

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

EFFECTIVE DATE  
1-1-2014

## ARTICLE II - Address:

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

### Principal Office Address:

24 West Castillo Drive  
St. Augustine Florida, 32084

### Mailing Address:

same

## 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:

Valerie Lee

Name

24 West Castillo Drive

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

St. Augustine, Florida 32084 FL

City, State, and Zip

FILED  
2013 DEC 23 PM 3:47  
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.*



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

Valerie Lee

24 West Castillo Drive

St. Augustine Fl, 32084

MGRM

Damon Lee

24 West Castillo Drive

St. Augustine Fl, 32084

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

Valerie Lee

\_\_\_\_\_  
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)**