

L14000019488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

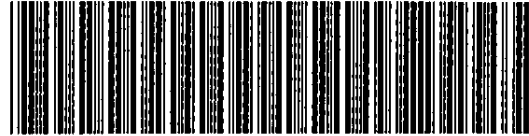
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Effective Date 1/29/14

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 10 AM 7:58

2/5
(Signature)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Travels 2 go

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:

Charles McCaffrey

Name of Person

Travels 2 go

Firm/Company

6257 Erice Street

Address

Venice FL 34293

City/State and Zip Code

you-travels2go@gmail.com

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

For further information concerning this matter, please call:

Charles McCaffrey at (941) 493-5020 B
Name of Person 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 6300
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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14 JAN 10 AM 7:58
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2014

CHARLES MCCAFFREY
6257 ERICE ST
VENICE, FL 34293

SUBJECT: TRAVELS2GO L.L.C.
Ref. Number: W14000002861

We have received your document for TRAVELS2GO L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6951.

JENNA D HARRIS
Regulatory Specialist II

Letter Number: 614A00001003

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DIVISION OF CORPORATIONS
14 JAN 10 AM 7:58

Effective Date 1/29/14

ARTICLE I - ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Travels 2 go L.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 Limited Liability Company is:

Principal Office Address:

Mailing Address:

6257 Erice St.
Venice FL
342936257 Erice St.
Venice FL
34293

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:

Charles McCaffrey
Name6257 Erice Street
Florida street address (P.O. Box NOT acceptable)Venice FL 34293
City Zip

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 605, F.S.

CMC
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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16 JAN 10 AM 7:58
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DIVISION OF CORPORATIONS

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRAMBR**Name and Address:**Charles M. McCaffrey
6257 Erica St.
Venice FL 34293Dane Kiner
6257 Erica St.
Venice FL 34293

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/29/2014 (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.)

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:**Charles M. McCaffrey
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Charles M. McCaffrey
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)