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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

L Bush FEB 15 6 2014

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE		EACHT HISTORIC TROWEY TOURS, LINAME of Limited Liability Company
The encl	losed Articles of Organization a	and fce(s) are submitted for filing.
Please re	eturn all correspondence concer	rning this matter to the following:
	LOUIS L. MC	PREHEAD, TIL
		Name of Person
	COLOA BEACH	+ HISTORIC TROWEY TOURS, LLC
		Firm/Company
	P.O. BOX 69	
•		Address
	SHARPES, F	FL 32959-0697
		EL 32959 - 0697 City/State and Zip Code
	E-mail	l address: (to be used for future annual report notification)
For furth	ner information concerning this	•
		, p. 6.1.0
LOUI	S C. MOREHEAD, I Name of Person	T at (321) 385.9600 Area Code Daytime Telephone Number
	ranio of Ferson	The Code Baytine relegione (value)
Enclosed	l is a check for the following an	nount:
\$125.00	Filing Fee \$130.00 Filing Certificate o	
	Mailing Address Registration Section	Street/Courier Address Registration Section
	Division of Corporation	ons Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 4 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	A	R7	ΊC	LE	1 -	Na	me:
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The name of the Limited Liability Company is:

(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:	<u>Mailing</u>	g Address:		
340 KING ST.	22	P.O. BOX (097 ,FL 32959	
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot another business entity with an active	ot serve as its own R	legistered Agent. You must	designate an individual of	r
The name and the Florida street address	ss of the registered a	gent are:	FEB CRET CAHA	A) LICENS
Loui	S L. MOR	CEHEAD, TIL	- 3 SSE 'SSE	g (saaskii) ja
**************************************	Name			्। सम्बद्धाः
340	> KING	ST.	PH L Of SI E. FL	e Hatter
Florida strect	address (P.O. Box 1	NOT acceptable)	ቱ፡ በሩ STATE LORIDA	-
	OA	FL 32922	A 40	
	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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	Name and Address.
"MGR" = Manager ✓✓✓✓	LOUIS L. MOREHEAD, III
	P.O. BOX 697
	SHARPES, FL 32959-0697
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	B A
	<u>σ</u> ω (<u>σ</u> ω)
	E O P
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	ORIOA
(Use attachment if necessary)	0." * A
ARTICLE V: Effective date, if other than the d If an effective date is listed, the date must be he date of filing.)	ate of filing: FEBRUARY 1, 2014 OPTIONAL) specific and cannot be more than five business days prior to or 90 days af
ARTICLE VI: Other provisions, if any.	
<u>REQUIRED</u> SIGNATURE:	
REQUIRED SIGNATURE:	Jul. Um Ju

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)