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(Requ	uestor's Name)	
(Addr	ess)	
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(6)	0 (7)	10
(City/	State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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05/01/14--01022--006 **125.00

B. BOSTICK MAY - **7** 2014

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations		
SUBJECT: HARRY WORLD TRAVEL II I I C		
SUBJECT: <u>HAPPY WORLD TRAVEL</u> , II, LLC Name of Lim	nited Liability Company	
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Duran A. Kutahina Familia		
Bryan A. Kutchins, Esquire	Name of Person	,
•		
Kutchins & Associates	Firm/Company	
	1	
3974 Tampa Road, Suite A		-1
	Address	
Oldsmar, FL 34777		
	ity/State and Zip Code	, see
kutchins@msn.com	I for future annual report notifica	tion)
·	•	, unit
For further information concerning this matter, plea	se can.	
	<u>813</u>) <u>855-4663</u>	
Name of Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for the following amount:		
☑ \$125.00 Filing Fee	□\$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 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLE I - Name: The name of the Limited Liability Company is:	
HAPPY WORLD TRAVEL II, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18950 N. Dale Mabry Highway Lutz, FL 33548	18950 N. Dale Mabry Highway Lutz, FL 33548
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.) The name and the Florida street address of the registered agents.	egistered Agent. You must designate an individual or) gent are:
<u>Bryan A. Kutchins, Esquire, Kut</u> Name	chins & Associates
3974 Tampa Road, Suite A Florida street address (P.O. Box N	NOT acceptable)
Florida street address (P.O. Box No. 1)	•
Florida street address (P.O. Box N	NOT acceptable) FL 34677 Zip

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGF	Nga Thi Robles
	18950 N. Dale Mabry Highway
	Lutz, FL 33548
AMBR	Hien Phung
THE	18950 N. Dale Mabry Highway
	Lutz, FL 33548
Use attachment if necessary)	
E V: Effective date, if other than the dective date is listed, the date must be f filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or
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ARTICLE IV-