

U4000101528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000261461910

06/25/14--01002--018 **160.00

RECEIVED
JUN 24 PM 4:03
SUFFOLK COUNTY OF FILING

FILED
JUN 24 AM 10:57
SUFFOLK COUNTY OF FILING

JUN 25 2014

J. BRUCI

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TRAVSTOM, LLC

Signature _____

Requested by: Seth

06/24/14

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
☒ Cert. Copy _____
____ Photo Copy _____
☒ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

2014 JUN 24 AM 10:58
STATE OF FLORIDA
TALLAHASSEE
FILED

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRAVSTOM
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:

Karen Young Todd
Name of Person

Karen Young Todd, P.A.
Firm/Company

8750 N. Andrews Avenue Suite 200
Address

Fort Lauderdale, FL 33309
City/State and Zip Code

ktodd@karenyoungtoddp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Young Todd at (954) 7699009
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 6327
Tallahassee, FL 32314

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

2014 JUN 24 AM 10:58
STATE OF FLORIDA
TALLAHASSEE

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRAVSTOM, LLC

(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:

Stephan N. Tchividjian
1130 N.E. 26th Avenue
Pompano Beach, FL 33062

Stephan N. Tchividjian
1130 N.E. 26th Avenue
Pompano Beach, FL 33062

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:

Stephan N. Tchividjian

Name

1130 N.E. 26th Avenue

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

Pompano Beach FL 33062

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

FILED
2014 JUN 24 AM 10:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Stephan N Tchividjian, MGR

Name and Address:

1130 N.E. 26th Avenue
Pompano Beach, FL 33062

Omar A. Aleman, AMBR

11785 Berry Drive
Cooper City, FL 33026

Michael Rozenblum, AMBR

7115 N.W. 71st Terrace
Parkland, FL 33067

Stamatis Vlachos, AMBR

5410 Shady Oak Lane
Dania Beach, FL 33312

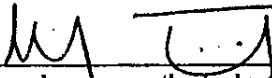
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 4, 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:



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.)

Stephan N. Tchividjian

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)

FILED
2014 JUN 24 AM 10:58
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA