

L1400008694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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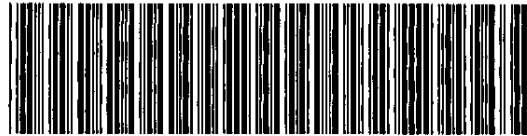
(Business Entity Name)

(Document Number)

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2014 JUL -9 P 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL - 9 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vero Beach Historical/Ghost 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:

Thomas Adams

Name of Person

Vero Beach Historical/Ghost Tours, LLC.

Firm/Company

PO Box 780434

Address

Sebastian, FL 32978

City/State and Zip Code

indianaj9499@gmail.com

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Salinas

Name of Person

at (772)

Area Code

205-7527

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Vero Beach Historical / Ghost Tours, 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:

1479 Seahouse St
Sebastian, FL
32958

Mailing Address:

PO Box 780434
Sebastian, FL
32978

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:

Thomas K. Adams
Name

1479 Seahouse St.
Florida street address (P.O. Box **NOT** acceptable)
Sebastian FL 32958
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.

Thomas K. Adams
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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2014 JUL -9 P 3:00
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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

MGR

Name and Address:

Thomas K. Adams
1479 Seahouse St.
Sebastian, FL 32958

Nathan Bieck
1609 Quaker Ln.
Sebastian, FL 32958

Rebecca Salinas
1479 Seahouse St.
Sebastian, FL 32958

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Thomas K. Adams

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.)

Thomas K. Adams
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)

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TALLAHASSEE, FLORIDA

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