## L14000126649

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

	gistration vision of C	Section orporations		
SUBJECT:	: <u>She~W</u> r	orthy Tours Name of Lin	nited Liability Company	
The enclose	d Articles	of Organization and fee(s) ar	re submitted for filing.	
Please retur	n all corres	spondence concerning this m	atter to the following:	
	Gwendoly	n Faye Cooley	Name of Person	
	She~Wor	thy Tours	Firm/Company	
	2040 84th	n Street Circle North West	Address	
,	Bradento	n, Florida 34209	City/State and Zip Code	
shewo	rthytours@	Damail.com E-mail address: (to be used	d for future annual report notifica	ation)
For further	information	concerning this matter, plea	ase call:	
<u>Gwendoly</u>		at (§		lephone Number
Enclosed is	a check fo	r the following amount:		
□ \$125.00 Fil	ling 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)
	Mai	ling Address	Street/Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
_,				
She Worthy Tours 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 of	fice of the Limited Liability Company is:			
The maining address and street address of the principal of	nee of the Elimited Elability Company is.			
Principal Office Address:	Mailing Address:			
2040 84th Street Circle North West	2040 84th Street Circle North West			
Bradenton, Florida 34209	Bradenotn, Florida 34209			
ARTICLE III - Registered Agent, Registered Office, &	0 0			
(The Limited Liability Company cannot serve as its own l		dual or		
another business entity with an active Florida registration	1. )	<del></del> 5	~	
The name and the Florida street address of the registered	ngent ore:	25	=	
The name and the Plotida sireet address of the registered	agent are.	<u>ب</u> نسدا مالکو استا	3=	
Tide Tables Restaurant and M	arina (Robert Woodson)	=======================================	AUG	$\neg \neg$
Name	dilla (1700016440000001)	$S_{\infty} \geq 1$		_
1 cuito		<b>公</b> 全	$\overline{\omega}$	m
12507 Cortez Road West		jra⊊	-0	5
Florida street address (P.O. Box	NOT acceptable)	: :س <u>ش</u>	2	'سب
· ·		$\mathfrak{Q}_{\overline{a}}$	<i>\times</i>	
Cortez	FL 34215	음금	90	
City	Zip	7.	ယ	

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 "MGR" = Manager			
MGR	Gwendolyn Faye Cooley		
	2040 84th Street CircleNorth West	_	
	Bradenton, Florida 34209	_	
		<b></b>	
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(Use attachment if necessary)			
e of filing.)	and cannot be more than five business days prior to or 9	90 days	aft
	and cannot be more than live business days prior to or	90 days	aft
e of filing.)	L. Con L.	90 days	aft
REQUIRED SIGNATURE:	4-Cooler		aft
REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0203	or an authorized representative of a member.		aft
REQUIRED SIGNATURE:  Signature of a member of a constitutes an affirmation under the provisions.	or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.		aft
REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 605.0203 constitutes an affirmation under the p I am aware that any false information	or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document benalties of perjury that the facts stated herein are true.  I submitted in a document to the Department of State		aft C::
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