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(Requestor's Name)				
(Address)				
(Address)				
W14-75019				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				
Special Instructions to Filing Officer:				
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Office Use Only



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DEC 3 1 2014 N. CAUSSEAUX

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CCT: Bonnie Travel Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Bonnie Wang Name of Person
	Bonnie Travel L. L.C.
	297 Hanging Moss Cir,
	City/State and Zip Code bonnie wang 2000 Cyahoo. Com E-mail address: (to be used for future annual report notification)
	bonniewang2000@yahov.com
	E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
Bon	Name of Person at (407), 421 0591 Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
1 \$ 125.00	O Filing Fee Certificate of Status Certificate of Status & Certificate of Status & Certificate 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 17, 2014

BONNIE WANG BONNIE TRAVEL L.L.C. 297 HANGING MOSS CIRCLE LAKE MARY, FL 32746

SUBJECT: BONNIE TRAVEL L.L.C. Ref. Number: W14000075019

We have received your document for BONNIE TRAVEL L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 914A00026717

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

The mailing address and street address of the principal office of the Limited Liability Company is:

Thicipal Office Address.	Maining Address.	
297 Hanging Moss Cir	297 Hanging Moss	: Cin
Lake Many, FL 32746	Lokse Main FL32	746
ARTICLE III - Registered Agent, Registered Office. The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.	n Registered Agent. You must designate	te an individual or
The name and the Florida street address of the registere	d agent are:	
Bonnie L	· •	
Nam	e J	
297 Hanging Mos	ss Cir. toke Mary	
		
Lake Many	ex NOT acceptable) FL 32746 Zip	
City	Zip	
Having been named as registered agent and to accept so the place designated in this certificate. I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the observed the control of t	pt the appointment as registered agent a of all statutes relating to the proper and bligations of my position as registered a oter 605, F.S	and agree to act in this ad complete performance
(CONTINU	JE D)	TAS: 7
Page 1 of	2	
		3 =

Title: "AMBR" = Authorized Member "MGR" = Manager ADBR	Name and Address: Bornile Weing 297 Hourging Moss Circ Luke Many FL32746
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the d f an effective date is listed, the date must be e date of filing.)	date of filing: <u>January 2, 2015</u> . (OPTIONAL) especific and cannot be more than five business days prior to or 90 days
RTICLE VI: Other provisions, if any.	1
required signature:	
(In accordance with section constitutes an affirmation u	member or an authorized representative of a member. 1 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. 1 tormation submitted in a document to the Department of State
constitutes a third degree fe	elony as provided for in s.817.155, F.S.)

Page 2 of 2

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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