

L15000064612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

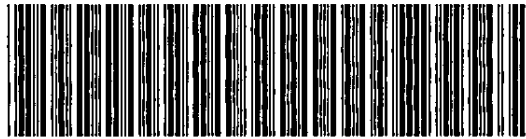
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 13 2015

TO: Registration Section
Division of Corporations

SUBJECT: Tide Traveler Tours

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Woodroe Blake Fugate
NORM D FUGATE PA
Post Office Box 98
WILLISTON, FL 32696
E-mail address (to be used for future annual report notification): Blake@normdfugatepa.com

For further information concerning this matter, please call:

Woodroe Blake Fugate at (352) 528-0019

Enclosed is a check for the following amount: \$130.00 Filing Fee and Certificate of Status

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

ARTICLES OF ORGANIZATION
OF
TIDE TRAVELER TOURS, LLC

ARTICLE I – NAME

The name of the limited liability company is Tide Traveler Tours, LLC , ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:

2031 SE 76th Place
Gulf Hammock, Florida 32639

Mailing Address:

2031 SE 76th Place
Gulf Hammock, Florida 32639

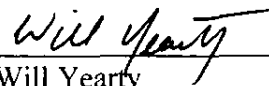
ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Will Yearty
2031 SE 76th Place
Gulf Hammock, Florida 32639

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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.



Will Yearty

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

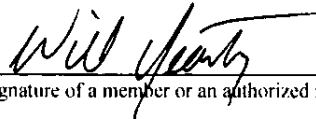
AMBR

Will Yearty
2031 SE 76th Place

Gulf Hammock, FL 32639

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REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.205(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Will Yearty

Typed or printed name of signee