

L15000121264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

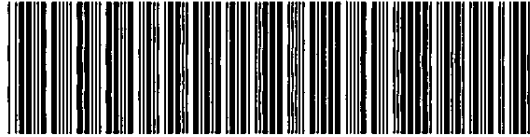
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/13/15--01034--024 \*\*185.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUL 16 AM 10:17

7-21-15 a

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fravel Travel LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Katie Fravel

(Contact Person)

Fravel Travel

(Firm/Company)

1625 Village Center Dr, #304

(Address)

Lakeland, FL 33803

(City, State and Zip Code)

katie@fraveltravel.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Katie Fravel at (703) 745-5491

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)

☐ \$155.00 Filing Fees  
and Certificate of  
Status

☐ \$180.00 Filing Fees  
and Certified Copy

☒ \$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

### STREET ADDRESS:

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

### MAILING ADDRESS:

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

**Articles of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity" into a Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
Fravel Travel LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC  
(Enter entity type. Example: corporation, limited partnership,  
general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Virginia  
on 08/14/2013  
(date of organization, formation or incorporation)

(Enter state, or if a non-U.S. entity, the name of the country)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**  
Fravel Travel LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: Date of filing

**(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
35 JUL 16 2013  
AM 10:17

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Fravel Travel 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:

1625 Village Center Dr, #304

Lakeland, FL 33803

### Mailing Address:

1625 Village Center Dr, #304

Lakeland, FL 33803

## 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:

Fravel Travel LLC

Name

*Katie Fravel* per cs

1625 Village Center Dr, #304

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

Lakeland

City

FL 33803

Zip

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUL 16 AM 10:17

*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.*

*Katie Fravel*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMGR

**Name and Address:**

Katie Fravel

1625 Village Center Dr, #304

Lakeland, FL 33803

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUL 16 AM 10:17

(Use attachment if necessary)

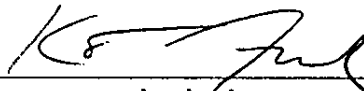
**ARTICLE V:** Effective date, if other than the date of filing: Date of filing. (OPTIONAL)

**(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.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



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

(In accordance with section 605.0205 (3), 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.)

Katie Fravel

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

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Lakeland, FL 33803

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Fravel Travel LLC

Name

1625 Village Center Dr, #304

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

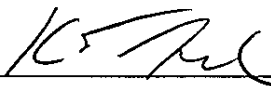
Lakeland

City

FL 33803

Zip

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Registered Agent's Signature (REQUIRED)

(CONTINUED)