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(R	Requestor's N	lame)	
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PICK-UP	□ w	AIT	MAIL
_	_		_
(E	Business Enti	ity Name)	
(C	Ocument Nu	ımber)	
Certified Copies	Certi	ficates of	Status
Special Instructions to	- Eiling Offic		
Special Instructions to	5 Filling Office	er.	
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Office Use Only



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EFFECTIVE DATE

08/06/15--01008--024 **130.00

2015 AUG -6 PH 2: 39
SECRETARY OF STATE ALLAHASSEE, FI ORIGA

K.SALY EXAMINER AUG -7 2015

COVER LETTER

TO: Registration Section Division of Corporations	
WO2May I	
SUBJECT: VO2 Max Tours 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:	
BRENDAN WHITE Name of Person	
Name of Person	
VOZMAX TOURS	
VOZMAX TOURS Firm/Company	
171 SE Lindale Glen Address	
Address	
Lake City 7L 32025 City/State and Zip Code Brendan @ VOZMAXTUURS	
City/State and Zip Code	
brendan @ VOZMAXTUURS	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Brendan White at (386) 965-3546 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
·	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \tag{155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \tag{160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}	:d)
Moiling Address Street Address	

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

Street Address

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:			S-11-2015
	VO2Max	Tours Highlity Company	L. L. C. , "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add			,	
<u>Principal</u>	Office Address:		Mailing Addres	<u>s</u> :
171 SE LINGA Lake City 71 32025	e Pilen		71 SE Lindale C ale City # ? 71 3225	rlen
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act	innot serve as its own	Registered Agent. Y		vidual or
The name and the Florida street ad	•	,		2015 SE TAL
	Brendo	Name	ce	THE T
	171 SE L		e.N .	ASSER
	Florida street addres	s (P.O. Box <u>NOT</u> ac		FS
	Lake City	4 71	32025	PH 2: 39 FEE. FLORIC
	City	State	Zip	0
Having been named as registered ago place designated in this certificate, I i further agree to comply with the prov Im familiar with and accept the oblig	hereby accept the appoissions of all statutes re	ointment as registere clating to the proper	ed agent and agree to act in and complete performance	this capacity. I of my duties, and I

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Grendan white ??
AMBR	CAROL White
	171 SE Lindale Alen Lake City 71 32025
·	
(Use attachment if necessary) EV: Effective date, if other than the date	of filing: 8-11-2015 (OPTIONAL)
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) the date inserted in this block does not ment's effective date on the Department	ecific and cannot be more than five business days prior to or 90 deneet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) the date inserted in this block does not re-	ecific and cannot be more than five business days prior to or 90 deneet the applicable statutory filing requirements, this date will not be
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E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) the date inserted in this block does not rement's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a med (In accordance with sect constitutes an affirmation I am aware that any false constitutes a third degree	ecific and cannot be more than five business days prior to or 90 deneet the applicable statutory filing requirements, this date will not be of State's records. ember or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) the date inserted in this block does not rement's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a med (In accordance with sect constitutes an affirmation I am aware that any false constitutes a third degree	eneet the applicable statutory filing requirements, this date will not be of State's records. The state of a member of a member of this document of the company of the com