

L15000193217

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

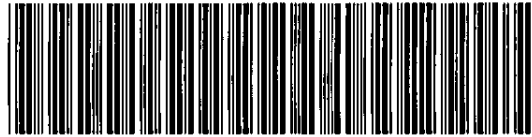
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700279183367

11/18/15--01002--019 \*\*160.00

APPROVED  
AND  
FILED  
15 NOV 18 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2015 NOV 18 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRAVELERS MOTEL RENTALS LDF, LLC  
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:

Loyd Don FOREHAND  
Name of Person

Firm/Company

3614 LAKEWOOD DRIVE  
Address

TALLAHASSEE, FL 32305  
City/State and Zip Code

DOOBEDO@NETTALLY.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Loyd Don FOREHAND at (850) 933-0128  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Travelers Motel Rentals LDF, 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:

Mailing Address:

3614 Lakewood Drive

Tallahassee, FL 32305

3614 Lakewood Drive

Tallahassee, FL 32305

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:

Loyd Don Forchand

Name

3614 Lakewood Drive

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

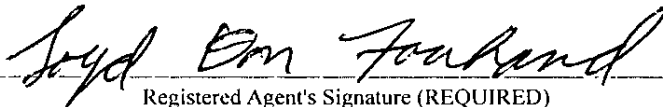
Tallahassee

FL 32305

City

Zip

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)

15 NOV 18 PM 3:23  
FILED  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA  
TALLAHASSEE COUNTY

APPROVED  
AND  
FILED  
11/16

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

**AMBR** \_\_\_\_\_

**Loyd Don Forehand** \_\_\_\_\_

3614 Lakewood Drive \_\_\_\_\_

Tallahassee, FL 32305 \_\_\_\_\_

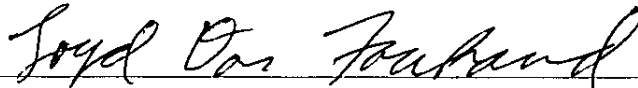
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_.(OPTIONAL)

(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.)

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

doobeedo@nettally.com \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



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

(In accordance with section 605.0203 (1) (b), 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.)

Loyd Don Forehand \_\_\_\_\_

Typed or printed name of signee

STATE  
TALLAHASSEE, FLORIDA

15 NOV 18 PM 3:22

FILED