L15000210906

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	Voyages By Design	
002020		Limited Liability Company
The encl	osed Articles of Organization and fee(s)	are submitted for filing.
Please re	turn all correspondence concerning this	matter to the following:
	Robert Thierfelder, Jr	
		Name of Person
		Firm/Company
	1113 Scherer Way	
		Address
	Osprey, FL 34229	
	rcthierfelder@gmail.com	City/State and Zip Code
	E-mail address: (to be us	ed for future annual report notification)
For further	r information concerning this matter, ple	ase call:
	Robert Thierfelder,Jr	941 966-6821
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.00	Filing Fee \$\frac{130.00}{2}\$ Filing Fee \$\frac{1}{2}\$ Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building

P.O. Box 6327 Tallahassee, FL 32314

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				
Voyages By Design, I (Must end v	vith the words "Limited	l Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the Limited	Liability Company is:	15 G
<u>Principa</u>	l Office Address:		Mailing Address:	
7392 Satsuma Dr Punta Gorda, FL 339	55		Scherer Way rey, FL 34229	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac The name and the Florida street a	cannot serve as its own ctive Florida registration ddress of the registered	Registered Agent. \ on.) d agent are:	nt's Signature: You must designate an individual or	
	Robert Thierfelder, J	r Name	· · · · · · · · · · · · · · · · · · ·	
	1113 Scherer Way			
	Florida street addres	s (P.O. Box NOT ac	cceptable)	
	Osprey	FL	34229	
	City	State	Zip	
place designated in this certificate, further agree to comply with the pro	I hereby accept the app visions of all statutes r igations of my position	ointment as registere elating to the proper	above stated limited liability comported agent and agree to act in this cap and complete performance of my dissipported for in Chapter 605, F.S	acity. I uties, and I

(CONTINUED)
Page 1 of 2

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Membe	
'MGR" = Manager	
MGR	Robert Thierfelder, Jr
	1113 Scherer Way
	Osprey, FL 34229
AMBR	John Kloster
	7392 Satsuma Dr
	Punta Gorda, FL 33955
	0;
	38
V: Effective date, if other than ctive date is listed, the date mu filling.)	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 composes not meet the applicable statutory filing requirements, this date will not be
CV: Effective date, if other than ctive date is listed, the date muffilling.) the date inserted in this block duent's effective date on the Dep	est be specific and cannot be more than five business days prior to or 90 cores not meet the applicable statutory filing requirements, this date will not be
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ARTICLE IV-

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