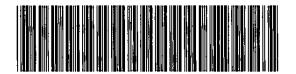
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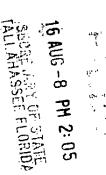
(F	Requestor's Name)
(/	Address)
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PICK-UP	WAIT MAIL
(1	Business Entity Name)
()	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	Adventure Trails Tours, LLC
3000	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Joseph Brown Bishop Jr.
	Name of Person
	Firm/Company
	220 Sweetbrier Branch Lane
	Address
	Saint Johns, Florida 32259
	City/State and Zip Code Joe.Bishop@adventuretrailstours.com
	E-mail address: (to be used for future annual report notification)
For furtl	ner information concerning this matter, please call:
	Joseph Bishop 904 716-7532
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$ 125.0	O Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}}

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	LE I - Name: e of the Limited Liabilit	ry Company is:			
	Adventure Trails To	urs LLC			
	(Must end	with the words "Limited	d Liability Compar	ıy, "L.L.C.," or "LLC.")	
ARTICI	LE II - Address:				
The mail	ing address and street a	ddress of the principal o	office of the Limite	d Liability Company is:	
	<u>Princip</u>	al Office Address:		Mailing Address:	
	220 Sweetbrier Bran	ch Lane	22	0 Sweetbrier Branch Lane	
	Saint Johns, FL. 322	59	Sa	int Johns, FL. 32259	
(The Lin	LE III - Registered Ago nited Liability Company business entity with an	cannot serve as its own	Registered Agent	ent's Signature: . You must designate an individual	or
The nam	e and the Florida street	address of the registered	d agent are:	•	TACCO A
		Joseph Brown Bisho	p Jr		AUG CAHP
Name					-0 ASS
220 Sweetbrier Branch Lane					-8 PH
		Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)	
		Saint Johns	Florida	32259	2: 05 STATE LOAID
		City	State	Zip	P. 1. 1

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:		Name and Address:	
	norized Member		
"MGR" = Mana	ger		
AMBR		Joseph Brown Bishop Jr	
		220 Sweetbrier Branch Lane	
		Saint Johns, Florida 32259	
AMBR		Tanasa Laura Biahan	
AMDK		Teresa Lynn Bishop 220 Sweetbrier Branch Lane	
		Saint Johns, Florida 32259	
		Saint Johns, Florida 32239	
			
			
ective date is lis	ate, if other than the date of filing:	. (OPTIONAL) d cannot be more than five business days prior to or 90) days
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ARTICLE IV-