## 11600190791

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

Office Use Only

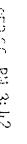


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## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJEC"	T: Summerport Trav-	el, LLC iability Company	
The enclo	sed Articles of Organization and fee(s) are subm	nitted for filing.	
Please ret	urn all correspondence concerning this matter to	the following:	
	Joseph Landis	S of Paragram	<del></del>
	Summerport Tr		
	13703 Lensdale L	-a∩e_ Address	**************************************
	Windermere FL City/Sta	34786	16 21
			***1 ***1
	Summer port trave E-mail address: (to be used for fur	10 yahoo, com	50 500
	E-mail address: (to be used for fu	ture annual report notification)	
For further	information concerning this matter, please call:		77: 3: 42
	Joseph Landis at 40- Name of Person Area Co	7 234-5973 de Daytime Telephone Number	5.8
Enclosed	is a check for the following amount:		
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	155.00 Filing Fee & S160.00 Filicettified Copy Certificate of Certified Copy (additional copy	of Status &
	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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Summ (Must end w	itr Port Tra vith the words "Limited Liability	Company, "L.L.C.,	C "or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street address	dress of the principal office of th	ne Limited Liability	Company is:	
<u>Principa</u>	l Office Address:		Mailing Address:	
	re, FL 34786	13703 Winder		ne 86
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an act	cannot serve as its own Register etive Florida registration.)	ed Agent. You must		හ
				ου 100
	Joseph Lar Name	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	13703 Lensd	ale Lane	_	3: L2
	Florida street address (P.O. B	ox <b>NOT</b> acceptable)	<del></del>	15 BM
	Windermere	<del>· · · · · · · · · · · · · · · · · · · </del>	14786	•
	City Sta	te	Zip	
Having been named as registered as	gent and to accept service of pro-	cess for the above sta	ted limited liability compa	any 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)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = ManagerAMBR	Joseph Landis 13703 Lensdale Lane Windermere FL 34786
<u>AMBR</u>	Billie E Davis, Jr 13703 Lensdale Lane Windermere, FL 34786
40-0-0-1	
<del></del>	
(Use attachment if necessary)	
If an effective date is listed, the date must be he date of filing.)  Note: If the date inserted in this block does not be a second or s	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after ot meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
the document's effective date on the Departme	
ARTICLE VI: Other provisions, if any.	
•	
ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	A. A.
REOUIRED SIGNATURE: Signature of a	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.

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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