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(Address)

(Address)

(City/State/Zip/Phone #)

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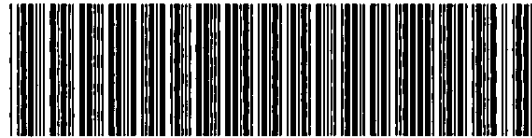
(Business Entity Name)

(Document Number)

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Culinary Tours Miami  
PO Box 835853  
Miami, Florida 33283  
925-771-9905  
Office  
1200 Brickell Ave Ste 1200  
Miami, Florida 33131

To Whom This May Concern,

I am writing as the owner and authorized member for **Culinary Tours, LLC**, with the effective date of **October 4, 2016**.

Culinary Tours Miami was created to give tourists and locals alike something different then the norm. We are passionate about sharing Miami's history, culture and food by stepping away from the tourist hotspots and deep inside Miami's true treasures.

**Principal Address**

1200 Brickell Avenue Ste 1950  
Miami, Florida 33131

**Mailing Address**

1200 Brickell Avenue Ste 1950  
Miami, Florida 33131

**Contact Name/Title:** Sarah Finley/ Owner

**Contact Telephone:** 925-771-9905

**Email Address:** tours@culinarytoursmiami.com

**Alternative Mailing Address:** PO BOX 835853, Miami, Florida 33283

I have included the Articles of Organization and check for \$130.00 Filing Fee & Certificate of Status.

Best regards,

Sarah Finley  
Owner / Director  
Culinary Tours, LLC  
925-771-9905  
tours@culinarytoursmiami.com

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Culinary Tours 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:

Sarah Finley

Name of Person

Culinary Tours LLC

Firm/Company

PO BOX 835853

Address

Miami, Florida 33283

City/State and Zip Code

Tours@CulinaryToursMiami.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Finley

925

771-9905

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 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  
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:

Culinary Tours 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:

1200 Brickell Ave Ste 1950  
Miami, Florida 33131

Mailing Address:

1200 Brickell Ave Ste 1950  
Miami, Florida 33131

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:

Sarah Finley

Name

1200 Brickell Ave Ste 1950

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

Miami

Florida

33131

City

State

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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Sarah Finley

PO BOX 835853

Miami, Florida 33283

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: October 4, 2016 (OPTIONAL)

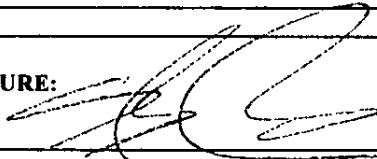
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**Signature of a member of an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Sarah Finley

Typed or printed name of signee

**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)**