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TALDAHASSEE, FLORIDA





TO: Registration Section
Division of Corporations

SUBJECT: HAPPY FEET TRAVELAND TOURS

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:

INDIRA S. MURLIN		
Name of Person		
Happy Feet Travel and Tours Firm/Company		
Firm/Company		
3564 N Sylvan lane		
Address		
Melbourne, FL 32935.		
City/State and Zip Code		
Shara@myapollotravel.com E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notification)		

For further information concerning this matter, please call:

INDIRA MURLIN at (321) 872 5531

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee Certificate of Status

□\$130.00 Filing Fee Certified Copy (additional copy is enclosed)

□\$130.00 Filing Fee Certified Copy (additional copy is enclosed)

,.....,,

Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center C

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:				
Happy Feet Travel and (Must end with the words "Limited L	To urs LLC.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal officers.	ce of the Limited Liability Company is	:		
Principal Office Address:	Mailing Address:			
3564 NSylvan lane melbourne, FL 32935	3564 N Sylvan Melbourne, PL 32	anl 935		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)		ı individu	al or	
The name and the Florida street address of the registered as	<u>urlin</u>			
3.564 N Sylvan Florida street address (P.O. Box N				
<u>Melbourne</u> City	FL <u>32935</u> Zip			
Having been named as registered agent and to accept servi the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblige Chapter Registered Agent's Signature	ne appointment as registered agent and call statutes relating to the proper and call call of my position as registered agen 605, F.S	agree to a implete pe	act in th erforme	his ance
(CONTINUEI))	 4		
Page 1 of 2		SEORLIAGE OF	17 APR 12 A	Emeral Emeral

The name and address of each person authorize	d to manage and control the Limited Liability Company:
The name and address of each person authorize Title: "AMBR" = Authorized Member "MGR" = Manager MGR OFFICE MGR	Name and Address: TNDIRAS MUNION 3564 N. SYIVAN IAND MELBOUTH FL 32935 RICHARD C. MUNION 3564 N. SYIVAN IAND MELBOUTH, FL 32935 MELBOUTH, FL 32935
the date of filing.)	g: <u>Apri/ 11th 2016</u> . (OPTIONAL) nd cannot be more than five business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.	
(In accordance with section 605.0203 (1) (to constitutes an affirmation under the penalties of perjular I am aware that any false information submitted in a constitutes a third degree felony as provided for in s.8	locument to the Department of State

Carlo Carlo Carlo Carlo

ARTICLE IV-

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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