

L17 000 107702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

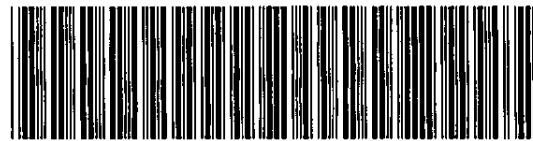
Certified Copies _____ Certificates of Status _____

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N. SAMS

MAY 17 2017



000298813800

05/08/17--01011--011 **160.00

FILED
17 MAY 17 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

17 MAY 17 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 10, 2017

SAMANTHA ODDO
4661 INDIAN DEER RD
WINDERMERE, FL 34786

SUBJECT: TRAVEL BY SAMANTHA, LLC
Ref. Number: W17000040121

We have received your document for TRAVEL BY SAMANTHA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document we recieved was not complete. Please complete page 2 of the document and resubmit it back me for further processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 417A00009269

The UPS Store
13506 Summerport Village Pkwy
Windermere, FL 34786
407.905.2718 tel
407.905.2761 fax

FAX

To Naziv
Company FL State Dept
Fax number 850-245-6816
Date 5/11/17
Job number _____

From Somerville
Phone number 423-514-6078
Fax number 2
Total pages _____



FILED
17 MAY 17 PM 12:51
FEDERAL BUREAU OF INVESTIGATION
JACKSONVILLE, FLORIDA

THE UPS STORE

17 MAY 2017 10:34AM

The UPS Store

17 MAY 17 PM 10:18
FEDERAL BUREAU OF INVESTIGATION
JACKSONVILLE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Travel by Samantha, 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:

Samantha oddo

Name of Person

Firm/Company

4661 Indian Deer Rd

Address

Windermere, FL 34786

City/State and Zip Code

samoddob16@gmail.com

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

For further information concerning this matter, please call:

Samantha oddo

Name of Person

at (423)

Area Code

544-6078

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:

Travel by Samantha, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

FILED
17 MAY 17 PM 12:57

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4661 Indian Deer Rd
Windermere, FL
34786

Mailing Address:

4661 Indian Deer Rd
Windermere, FL
34786

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:

Samantha addo
Name

4661 Indian Deer Rd
Florida street address (P.O. Box **NOT** acceptable)
Windermere, FL 34786
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..

Samantha addo
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:**Name and Address:**"AMBR" = Authorized Member
"MGR" = ManagerMcGeeSamantha Odde
Global Indian Beer Rd
Lawrenceville, GA 30046

(If the attachment is necessary)

ARTICLE V: Effective date, if other than the date of filing.

(OPTIONAL)

(If an effective date is stated, 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:**Samantha Odde

Signature of a member or 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.

Samantha Odde

Typed or printed name of signer

Filing Fees:\$15.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)