L18000240378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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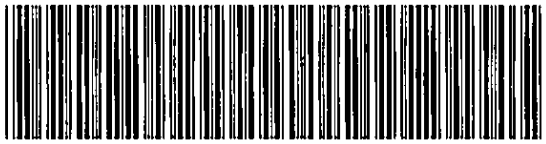

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

OCT 19 2018

PAGE

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2018

PATRICE VICKERS
1371 NW 206TH TERRACE
MIAMI GARDENS, FL 33169

SUBJECT: TRAVEL ADVENTURES BY PATRICE LLC
Ref. Number: W18000081033

We have received your document for TRAVEL ADVENTURES BY PATRICE LLC and your check(s) totaling $130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Keyna E Page
Regulatory Specialist II

Letter Number: 218A00018821

New Filing Section
Division of Corporations

Travel Adventures by Patrice ~~LLC~~ Corp. 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:

Patrice Vickers, MGR
Name of Person

Travel Adventures by Patrice
Firm/Company

1371 NW 206th Terrace
Address

Miami Gardens, FL 33169
City/State and Zip Code

travel adventuresbypatrice@yahoo.com
(E-mail address to be used for future annual report notification)

For further information concerning this matter, please call:

Patrice Vickers at 954 295-3992
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

1 $100.00 Filing Fee

✓ $130.00 Filing Fee & Certificate of Status

$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

$ 60.00 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

The name of the Limited Liability Company is:

Travel Adventures by Patrice, LLC

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

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

Principal Office Address	Mailing Address
1371 NW 206th Terrace Miami Gardens, FL 33169	

(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:

Patrice Vickers, MGR
Name

1371 NW 206TH Terrace
Florida street address (P.O. Box NOT acceptable)

Miami Gardens, FL 33169
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 607.

Patrice Vickers
Registered Agent's Signature (REQUIRED)

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DIVISION OF CORPORATION

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager MGR	Patrice Vickers 1371 NW 206th Terrace Miami Gardens, FL 33169

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 20, 2018 (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:

Patrice Vickers

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.

Patrice Vickers
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)