

L18000247672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

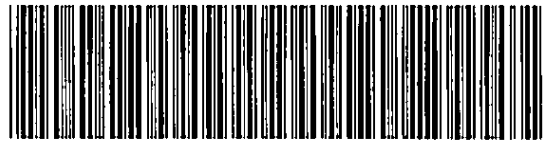
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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OCT 24 2018

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 OCT 22 AM 5:14
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Travel With Stacey Blue, L.L.C.
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:

Stacey Darlene Blue
Name of Person

Travel With Stacey Blue, L.L.C.
Firm/Company

508 NE 3rd Ave.
Address

Cape Coral, FL 33909
City/State and Zip Code

Travelwithstaceyblue@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacey Darlene Blue at (706) 218-4783
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration 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 With Stacey Blue, L.L.C.

(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:

Mailing Address:

508 NE 3rd Ave.

Cape Coral, FL 33909

508 NE 3rd Ave.

Cape Coral, FL 33909

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:

Stacey Darlene Blue

Name

508 NE 3rd Ave.

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

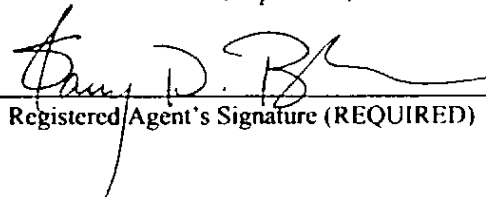
Cape Coral

FL 33909

City

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)

SECRET
DIVISION OF CORPORATION
18 OCT 22 AM 5:14
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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:

Stacey Darlene Blue

508 NE 3rd Ave.

Cape Coral, FL 33909

MGR

Atreas Dwayne Blue

508 NE 3rd Ave

Cape Coral, FL 33909

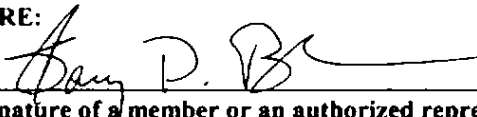
(Use attachment if necessary)

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

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Stacey Darlene Blue

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)

DEPARTMENT OF STATE
DIVISION OF CORPORATION
18 OCT 22 AM 5:14
TALLAHASSEE, FLORIDA

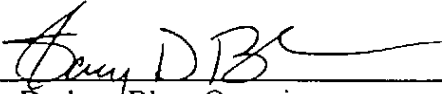
Travel With Stacey Blue, L.L.C.
508 NE 3rd Ave.
Cape Coral, FL

INITIAL LIST OF MEMBERS

The following named person(s) shall constitute the initial members of Travel With Stacey Blue, L.L.C.:

Stacey Darlene Blue
508 NE 3rd Ave.
Cape Coral, FL 33909

Atreas Dwayne Blue
508 NE 3rd Ave
Cape Coral, FL 33909



Stacey Darlene Blue, Organizer

9/27/2018
Date