119000041994

(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



600324267226

02/11/19--01019--007 **185.03

19 FCB 11 AM 3: 46

PK 2/19

COVER LETTER

Division of C	orporations			
SUBJECT: Simply	Europe Travel, LLC			
30bate1	(Name of Res	sulting Florida Limi	ted Cor	npany)
		_		nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:		
Patricia L Gastineau				
	(Contact Person)		_	
Simply Europe Travel, L	LC			
	(Firm/Company)		_	
6900 Daniels Pkwy, Ste	29-392			
	(Address)		_	
Ft Myers, FL 33912				
((City, State and Zip Code)		-	
trish@trishgastineau.com	1			
E-mail Address: (to b	e used for future annual re	port notifications)	=	
For further information	on concerning this ma	tter, please call:		
Patricia L Gastineau		_at (334	294-4	4635
(Name of Conta	et Person)) (Day	ytime Telephone Number)
	or the following amou a bank located in the	·	proces	sed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		■\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRESS	S:			ADDRESS:
New Filing Section	iona		_	Section
Division of Corporat Clifton Building	ions	P. O. F		Corporations 27
2661 Executive Cent	er Circle			FL 32314

Tallahassee, FL 32301

TO: New Filing Section

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florid Statutes.

(121)((er Name of Other Business Entity)
·	· · · · · · · · · · · · · · · · · · ·
2. The "Other Business Entity" is a	Limited Liability Company
	corporation, limited partnership, general partnership, common law or business trust, etc
First organized, formed or incorpora	ated under the laws of
5/1/2012	
on (date of organization, formation or inc	orporation)
3. The name of the Florida Limited Simply Europe Travel, LLC	Liability Company as set forth in the attached Articles of Organization:
(Enter Name	of Florida Limited Liability Company)
4. If not effective on the date of fili	ing, enter the effective date:
(The effective date: Cannot be pri the date this document is filed by Note: If the date inserted in this block doe	ior to date of receipt or filed date nor more than 90 calendar days after the Florida Department of State.) Is not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Departme	M VI Blate B records.
•	approved in accordance with all applicable statutes.

Signed this 8th	day of February	2019
Signature of Auth	orized Representative of	Limited Liability Company:
Signature of Autho	rized Representative:	Title: Owner
		tity: See below for required signature(s)
	V Dotur	
Printed Name: Davi	id K Gastineau	Title: Co-Owner
Signature:		
Printed Name:		Title:
Signature:		Title:
Printed Name:		Title:
Signature:		Tid
Printed Name:		Title:
Signature:		Title:
Signature:		Tr. A
Printed Name:		Title:
If Florida Corpora		0.07
-	nan, Vice Chairman, Direct	or, or Officer. an Incorporator must sign.
II Directors of Office	ters have not been screeted,	an memporator must sign.
If Florida General Signature of one Go	Partnership or Limited Leneral Partner.	iability Partnership:
C		inhility Limited Daytneyship.
Signatures of <u>ALL</u>		iability Limited Partnership:
All others: Signature of an auth	norized person.	
Fees:		
Articles of	Conversion:	\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the	Limited Liability Com	pany is:	
Simply Europ	e Travel, LLC		
		ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing add		of the principal office of the Limit	ed Liability Company is:
Principal Offic	e Address:	Mailing Address:	
12784 Devonshire		6900 Daniels Pkwy	
Ft Myers, FL 3391	3	Ste 29-392	
	·	Ft Myers, FL 33912	
·	an active Florida registration.) ne Florida street address David K Gastineau	s of the registered agent are:	
		Name	
	12784 Devonshire Lake	es Circle	
	Florida street addr	ess (P.O. Box NOT acceptable)	
	Ft Myers	FL 33913	
	City	Zip	
liability co registered age statutes rela	mpany at the place designt and agree to act in the ting to the proper and coolingations of my positi	ent and to accept service of process gnated in this certificate, I hereby a clis capacity. I further agree to compomplete performance of my duties, on as registered agent as provided on the service of	ccept the appointment as ply with the provisions of all and I am familiar with and
	(C	CONTINUED)	がデニア

ARTICLE IV-

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

19 4 5 4 T S T S 1	AOF
"AMBR" = Authorized Memb	
"MGR" = Manager	Description of
AMBR	Patricia L Gastineau
	12784 Devonshire Lakes Dr
	Ft Myers, FL 33913
AMBR	David Kent Gastineau
	12784 Devonshire Lakes Dr
	Ft Myers, FL 33913
MGR '	Patricia L Gastineau
	12784 Devonshire Lakes Dr
	Ft Myers, FL 33913
	,
	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any	
LE V: Other provisions, if any REQUIRED SIGNATURE:	
LE V: Other provisions, if any REQUIRED SIGNATURE:	
LE V: Other provisions, if any REQUIRED SIGNATURE: Signature of a mem	beror an authorized representative of a member
REQUIRED SIGNATURE: Signature of a mem This document is executed in account.	
REQUIRED SIGNATURE: Signature of a mem This document is executed in account.	ber or an authorized representative of a member cordance with section 605.0203 (1) (b), Florida Statutes. I am aware the a document to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a mem This document is executed in accounty false information submitted in	ber or an authorized representative of a member cordance with section 605.0203 (1) (b), Florida Statutes. I am aware the a document to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a mem This document is executed in accounty false information submitted is	ber or an authorized representative of a member cordance with section 605.0203 (1) (b), Florida Statutes. I am aware the a document to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a mem This document is executed in accounty false information submitted in	ber or an authorized representative of a member cordance with section 605.0203 (1) (b), Florida Statutes. I am aware the a document to the Department of State constitutes a third degree felo