To: Page 2 of 5	2019-03-01 13:13:37 PST	LegalZoom.com, Inc. From: Joseph Caterine
2/28/2019	Division of Corporations	
	lorida Department of State Byisit of State Stee on change tove Shee lease print this page and use it as a cover sheet. Type the (shown below) on the top and bottom of all pages of the do	<b>Solution</b>
	(((H19000068728 3)))	
	H190000687283ABC8	
to: From **Ente	Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889 er the email address for this business entity to be use annual report mailings. Enter only one email address p Email Address: FLORIDA LIMITED LIABILITY CO.	I AHASSED PLOPED TAHASSED PLOPED ed for future
2013 1 Fii 4: 2	Smooth Sailing Travel LLCCertificate of Status0Certified Copy1Page Count06Estimated Charge\$155.00	
Electron	ic Filing Menu Corporate Filing Menu	MAR - 4 2019

ι.

.

	COVER LETTER
	egistration Section lvision of Corporations
	Smooth Sailing Travel LLC
SUBJECT	Name of Limited Liability Company
The enclas	ed Articles of Organization and fee(s) are submitted for filing.
	rn all correspondence concerning this matter to the following:
	Cheyenne Moseley, Legulzoom.com, Inc.
	Name of Person
	Legatzoom.com, Inc.
	Firm/Company
	101 N. Brand Blvd., 10th Floor
	Address
	Glendale, CA 91203
	City/State and Zip Code
-	enlinefilings@Legalzoom.com E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Cheyenne Moseicy 323 962-8600 ext. 7625
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
<b>\$</b> 125.00 Fi	
	Mniling AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

19 HAR - 1 AA 10:

トロ

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Smooth Sailing Travel LLC\_

(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:

5310 Paylor Ln Sorasota, FL 34240

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:

United States Corpo	ration Agents, Inc.	
	Name	
13302 Winding Oak	Court, Suite A	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Tampa	Florida	33612
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 pasition as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED) Chip care Morcha, United States Corporation Action, Inc.

(CONTINUED)

Page 1 of 2

.

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

tember sary) her than the date of fili late must be specific		MENDED 4240	
er than the date of fili	DATED 21 JULY 2000, AS AN 5310 Paylor Ln, Sarasota, FL 3 	MENDED 4240	
er than the date of fili	<u>5310 Paylor Ln, Sarasota, FL 3</u>	4240	
er than the date of fili			
er than the date of fili			
er than the date of fili			
er than the date of fili			
er than the date of fili			
er than the date of fili			
er than the date of fili	ng:	. (OPTIONAL	
er than the date of fili	ng:	. (OPTIONAL	
er than the date of fili	ng:	. (OPTIONAL	 
er than the date of fili	ng:	. (OPTIONAL	
er than the date of fili	ng:	. (OPTIONAL	
er than the date of fili	ng:	. (OPTIONAL	
er than the date of fili	ng:	. (OPTIONAL	
ter than the date of fili late must be specific	ng:	. (OPTIONAL	
late must be specific			1
JRE:	. Ann -		
	W/V		
ument is executed in ire that any false infor es a third degree felor	accordance with section 605.0203 (1 mation submitted in a document to the my as provided for in s.817.155, F.S.	) (b), Florida Sta	
Tyr	bed or printed name of signee		
2,	. 2		<u>_</u>
	Filing Fees:		<b>21</b>
	ntion and Designation of Registered	d Agent	
y (Optional)			N 5 5
y (Optional) Status (Optional)			AR -
	Page 2 of 2		INA - I AA ID: 12 ASSEE, FLORID,
	JRE: JRE: gnature of a member coment is executed in are that any false infor es a third degree felow theyenne Moseley, L. Typ Articles of Organiz	JRE: gnature of a member or an authorized representative of sument is executed in accordance with section 605.0203 (1) are that any false information submitted in a document to it es a third degree felony as provided for in s.817.155, F.S. (heyenne Moseley, Legalzoom.com, Inc. Typed or printed name of signee Filing Fees: Articles of Organization and Designation of Registered	Tany. JRE: JRE: JRE: JRE: January of a member or an authorized representative of a member. January false information submitted in a document to the Department of the set of the set