

U9000177838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

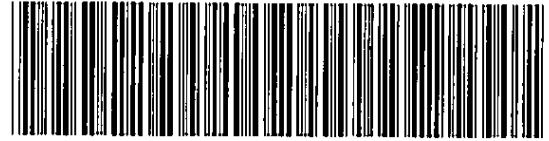
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JUL -8 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FL

J. FASON

JUL 22 2019

Rosemary Ganci
9883 SE 178th Place
Summerfield, FL 34491-8415

352-307-5952 cell 267-885-8765
tripsbyRosemary@gmail.com

July 5, 2019

Florida Dept. of State
New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32214

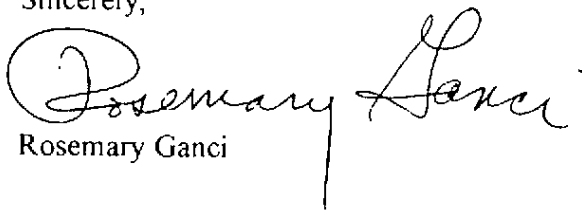
RE: application for Boutique Journeys, a travel company

Good Morning:

Enclosed is my application for an LLC and my check # 2902 in the amount of \$125 for my filing fee.

Please call me at 267-885-8765 if you have any questions. Thank you.

Sincerely,


Rosemary Ganci

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BOUTIQUE JOURNEYS LLC
(Must contain 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>9883 SE 178th PLACE</u>	<u>SAME</u>
<u>SUMMERFIELD, FL 34491-8415</u>	

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:

ROSEMARY GANCI
Name
9883 SE 178th PLACE
Florida street address (P.O. Box **NOT** acceptable)
SUMMERFIELD, FL 34491-8415
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..

Rosemary Ganci
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

ROSEMARY GANCI
9883 SE 178th PLACE
SUMMER FIELD, FL 34491-8415

(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.)

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:

Rosemary Ganci

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.

ROSEMARY GANCI
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)