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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Shells & Tails Guide Services 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:
Brenda Griffies
Name of Person
Firm/Company 25
6440 Americus avenue
Address
Port Saint Joe, Florida 32456
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brenda Griffies at 850, 227-8947
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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 Carlel Carlel Carlel Carlel

Mailing Address:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Cor	npany is:			
Shells	? Tails	Guide	Services	<u>LLC</u>
(Must contain th	e words "Limited Liabil	ity 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:

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 another business entity with an active Florida registration.)	đual or		
The name and the Florida street address of the registered agent are: Brenda. Griffies Name L440 Americus Overwe Florida street address (P.O. Box NOT acceptable) Port St. Toe, FL - 32456 City State Zip	SECRETAL TO A STATE OF THE SECRETARY	19 JUN 26 AH II: 35	

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

	ARTICLE IV- The name and address of each person authori	ized to manage and control the Limited Liability Company:
	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
NBR	Brenda Griffies	440 amerius aul Portst. Ive, Pl 32456
	(Use attachment if necessary)	
the di <u>Note</u> the d	nder of filing)	fic and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be liste State's records.
	REQUIRED SIGNATURE:	In Duffis
	This document is executed I am aware that any false in constitutes a third degree fe	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. aformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S. Typed or printed name of signee
		Filing Fees: nization and Designation of Registered Agent
	\$ 5.00 Certificate of Status (Optional)	FIL 19 JUN 26 TALL STATES A
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