

L19000234767

Baker Donelson

(Requestor's Name)

101 N. Monroe St

(Address)

Ste 925

(Address)

Tall

32301

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

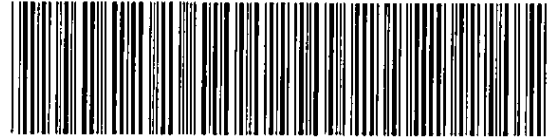
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100334998971

09/26/19--01004--004 \*\*100.00

09/26/19--01004--005 \*\*25.00

19 SEP 25 PM 3:15

2019 SEP 26 AM 10:48

RECEIVED BY MAIL

FILED

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: TORTUGAS CONCESSIONS COMPANY LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and (fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Baker Donelson

101 N. Monroe Street

Suite 925

Address

Tallahassee, FL 32301

City/State and Zip Code

jtalley@bakerdonelson.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Talley

at ( 407 ) 367-5451

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32311

Street Address

New Filing 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:

TORTUGAS CONCESSIONS COMPANY 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:

Principal Office Address:

Jackie Robinson Ballpark

110 E. Orange Avenue

Daytona Beach, FL 32114

Mailing Address:

Jackie Robinson Ballpark

110 E. Orange Avenue

Daytona Beach, FL 32114

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:

James Talley

Name

SunTrust Tower, 200 S. Orange Avenue, Suite 2900

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

Orlando

FL

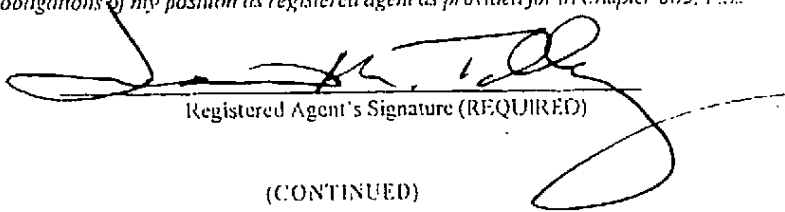
32801

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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2019 SEP 26 AM 10  
NOTARY PUBLIC  
STATE OF 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

AMBR

Name and Address:

James Jaworski

Jackie Robinson Ballpark, 100 E. Orange Avenue

Daytona Beach, FL 32114

(Use attachment if necessary)

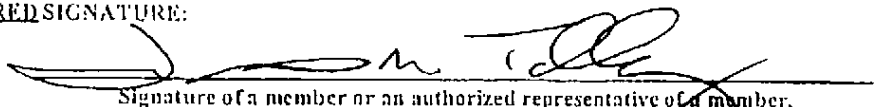
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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:



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.

James M. Tallon, ORGANIZER

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)