

L1900003240152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

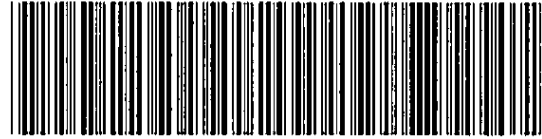
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only
M SIMMONS

JUL 13 2013

M SIMMONS



800331908128

FILED
19 JUL 12 PM 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED
19 JUL 12 PM 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2019

SUSAN COLEMAN
208 PANORAMA DRIVE
WINTER SPRINGS, FL 32708

SUBJECT: BON VOYAGE TRAVEL, LLC
Ref. Number: W19000070796

We have received your document for BON VOYAGE TRAVEL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Marti Simmons
Regulatory Specialist II

Letter Number: 619A00015940

Attn: marti
Simmons

Letter #
619A00015940

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Bon Voyage Travel, 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:

Susan A. Coleman

Name of Person

Bon Voyage Travel, LLC

Firm/Company

208 Panorama Drive

Address

Winter Springs, Florida 32708

City/State and Zip Code

tacsac2@gmail.com

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

For further information concerning this matter, please call:

Susan Coleman

407

230-8549

at (_____) _____

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 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

19 JUL 22 PM 10:14
TALLAHASSEE, FL 32301
DIVISION OF CORPORATIONS
STATE OF FLORIDA

on file

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bon Voyage Travel, 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:

208 Panorama Drive

Winter Springs, Florida 32708

Mailing Address:

208 Panorama Drive

Winter Springs, FL 32708

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:

Susan Coleman

Name

208 Panorama Drive

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

Winter Springs

Florida

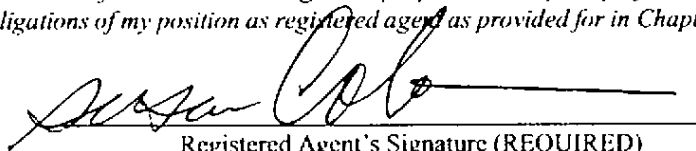
32708

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)

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:

Terrance Coleman

208 Panorama Drive

Winter Springs, Florida 32708

(Use attachment if necessary)

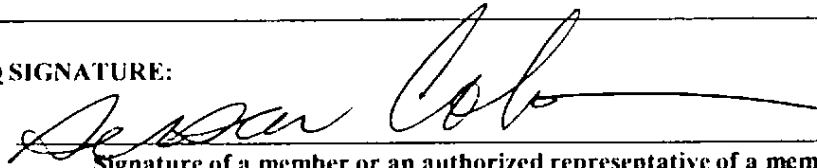
ARTICLE V: Effective date, if other than the date of filing: 10/1/2019. (OPTIONAL)

(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.

Susan A. Coleman

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)