

L19000247 326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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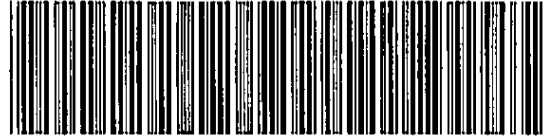
(Business Entity Name)

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TALLAHASSEE, FLORIDA

D O'KEEFE

OCT 14 2019

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: A-Mac-zing 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:

Mae Groleau

Name of Person

Firm/Company

1801 Eleuthera Pt. F4

Address

Coconut Creek, Florida 33066

City/State and Zip Code

AMAEZINGTRAVEL@GMAIL.COM

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

For further information concerning this matter, please call:

Mae Groleau

954

914-1589

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A-Macazing Travel, LLC

(Must contain the words "Limited Liability Company, "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1801 Eleuthera Pt. F4
Coconut Creek, Florida 33066

Mailing Address:

1801 Eleuthera Pt. F4
Coconut Creek, Florida 33066

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:

Mae Groleau

Name

1801 Eleuthera Pt. F4

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

Coconut Creek, Florida 33066

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..

Mae Groleau

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

MGR

Coconut Creek, Florida 33066

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AUGUST 2017

ARTICLE VI: Other provisions, if any.

ATURE: Mae G. Olson

Mae Groleau

\$ 5.00 Certificate of Status (Optional)

PA