

L200000110080

(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



400343414424

03/04/20--01015--007 \*\*125.00

2020 MAR -4 PM 12:17  
RECEIVED  
OFFICE OF STATE  
PALM BEACH, FL

FILED

N. CULLIGAN

APR 07 2020

**COVER LETTER**

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

**SUBJECT:** Gateways to World Travel  
\_\_\_\_\_  
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:

Thomas Abraham  
\_\_\_\_\_  
Name of Person  
  
\_\_\_\_\_  
Firm/Company  
  
1144 Blufield Avenue  
\_\_\_\_\_  
Address  
  
Brandon, FL 33511  
\_\_\_\_\_  
City/State and Zip Code  
  
tmoni1144@hotmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Abraham      813      309-2250  
\_\_\_\_\_  
Name of Person      at (      )      \_\_\_\_\_  
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:

Gateways to World 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:

Mailing Address:

1144 Blufield Avenue, Brandon, FL 33511

1144 Blufield Avenue, Brandon, FL 33511

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:

Thomas Abraham

Name

1144 Blufield Avenue

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

Brandon

FL

33511

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..*

Thomas Abraham

Digitally signed by Thomas  
Abraham  
Date: 2020.04.27 11:21:12 -0400

Registered Agent's Signature (REQUIRED)

(CONTINUED)

RECEIVED  
STATE  
TALLAHASSEE, FL

2020 MAR -4 PM 12:17

**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:**

Thomas Abraham

1144 Blufield Avenue

Brandon, FL 33511

MGR

AnnMarie Abraham

1144 Blufield Avenue

Brandon, FL 33511

MGR

Mary Abraham

1144 Blufield Avenue

Brandon, FL 33511

MGR

Andrew Abraham

1144 Blufield Avenue

Brandon, FL 33511

(Use attachment if necessary)

2020 MAR -4 PM 12:18  
DEPARTMENT OF STATE  
TALLAHASSEE, FL

**ARTICLE V:** Effective date, if other than the date of filing: March 1, 2020. (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.

Seller of travel and tours

**REQUIRED SIGNATURE:**

Thomas Abraham

Digitally signed by Thomas Abraham  
Date: 2020.04.27 11:27:13 -04:00

**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.

Thomas Abraham

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)