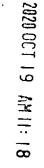
# L20000321528

	(Requestor's Name)	
	(Address)	
	(644)	
	(Address)	
	(City/State/Zip/Phone #)	•
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of S	Status
Special Instruction	s to Filing Officer:	

Office Use Only





511:1 R4 61 109 8505

C RICO OCT 1 3 2020

C RICO OCT 19 2020

## Sunshine State Corporate Compliance Company

### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10/16/2020	-		**W	ALK IN**
ENTITY NAME TIKE TY	LER'S TOURS, LLC			
DOCUMENT NUMBER_				
	**PLEASE FILE THE	E ATTACHED AND RETUR	PN**	
XXXX	Plain Copy			
	Certified Copy Certificate of Status			
**	PLEASE OBTAIN THE FO	OLLOWING FOR THE ABOV	E ENTITY**	_
	Certified Copy of Arts	& Amendments		
	Certificate of Good Sta	nding		
	**APOSTILLE' / N	OTARIAL CERTIFICATION	DN**	
COUNTRY OF DESTINAT				
NUMBER OF CERTIFICA.	1			
TOTAL OWED \$155.00	)		±: I20160000072	
Please call Tina at ti	he above number for c	any issues or concerns,	Thank you so much:	/

#### COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Tiki Tyler 5 Tours  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:
Name of Person
Firm/Company
966 Provides April 232 Address
Dunedin FL 34698  City/State and Zip Code  Tourist Leaf of City A-1 - Cold  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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 & Certificate of Status □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section  Street Address New Filing Section Division

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
(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 A	ddress:
Marchiel FL 34698 Duradid FL	<u> 4                                   </u>
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 another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registe	2020 OCT 19 AM1
$\frac{ UUNy C  D}{ City } \frac{ FL }{ State } = \frac{ STG7 }{ State }$	- <del>-</del>
aving been named as registered agent and to accept service of process for the above stated limited li ace designated in this certificate, I hereby accept the appointment as registered agent and agree to a rither agree to comply with the provisions of all statutes relating to the proper and complete performs in familiar with and accept the obligations of my position as registered agent as provided for in Chap Registered Agent's Signature (REQUIRED)	nct in this capacity. I ance of my duties, and I

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	<del></del>
<u>_ W)() K</u>	1 ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	State As The Bull of L
	- Jithan to for the form
<del></del>	
	· · · · · · · · · · · · · · · · · · ·
the date of filing.)	date of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	126
Signature of a	member or an authorized representative of a member.
This document is ex-	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
constitutes a third de	false information submitted in a document to the Department of State gree felony as provided for in s.817,155, F.S.
	Typed or printed name of signee
•	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)

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

ARTICLE IV-