

L21000178145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

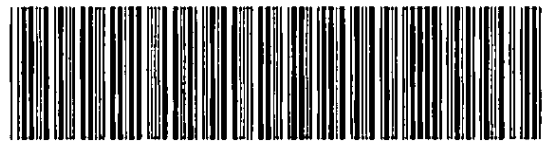
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/24/21--01017-- 026 **155.00

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FILED

COVER LETTER

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

SUBJECT: Rachel's Orlando Travels 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:

| | |
|------------------------------|--|
| Rachel Dean | |
| _____ | Name of Person |
| Rachel's Orlando Travels LLC | |
| _____ | Firm/Company |
| 45108 Luther St | |
| _____ | Address |
| Callahan/ Florida 32011 | |
| _____ | City/State and Zip Code |
| racheldean699@gmail.com | |
| _____ | E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

| | | |
|----------------|--------------|--------------------------|
| Rachel Dean | 904 | 525-5775 |
| _____ | at (_____) | _____ |
| Name of Person | Area Code | Daytime Telephone Number |

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR=

Rachel Dean
45108 Luther St Callahan FL 32011

AMBR=

Rachel Dean
45108 Luther st Callahan FL 32011

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/20/2021 (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.

Rachel Dean

Typed or printed name of signer

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)

2021 MAR 24 PM 4:06