

L21000242140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

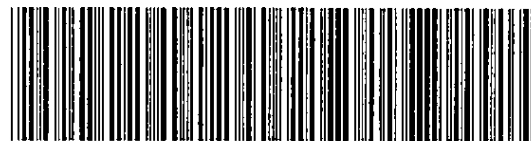
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

MAY 25 2021

T. SCOTT



200364357232

04/23/21--01019--006 **160.00

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2021 APR 23 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: EGPS Vacation Rentals 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:

Eric Cambrook

Name of Person

EGPS Vacation Rentals LLC

Firm/Company

11724 Rive Isle Run

Address

Parrish, Florida 34219

City/State and Zip Code

camazl@yahoo.com

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

For further information concerning this matter, please call:

Eric Cambrook	304	5492409
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 type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EGPS Vacation Rentals 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:

19417 Gulf Boulevard #F-107

Indian Shores

Florida 33785

19417 Gulf Boulevard #F-107

Indian Shores

Florida 33785

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:

Eric Cambrook

Name

11724 Rive Isle Run

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

Parrish

FL

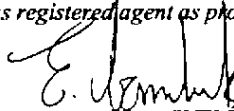
34219

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)

FILED
2021 APR 23 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Wanda Cambrook

11724 Rive Isle Run.

Parrish, FL 34219

Paul Cambrook

3372 Peachtree Road NE

Atlanta

GA 30326

Samantha Roberts

2426 63rd Terrace E

Ellenton

FL 34222

(Use attachment if necessary)

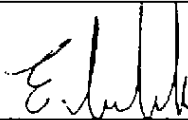
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Eric Cambrook

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)

Scott, Tyrone K.

From: Eric Cambrook <ecamaz1@yahoo.com>
Sent: Tuesday, May 25, 2021 10:29 AM
To: Scott, Tyrone K.
Subject: FW: Titles for EGPS

EMAIL RECEIVED FROM EXTERNAL SOURCE

Tyrone
Amendment
Please change "Samantha Cambrook" to Samantha Roberts"

Best Regards
Eric Cambrook

Sent from Mail for Windows 10

From: Eric Cambrook
Sent: Tuesday, May 25, 2021 10:27 AM
To: tyrone.scott@DOS.myflorida.com
Subject: FW: Titles for EGPS

Tyrone
Could you also please add also as "Directors"
Paul Cambrook
Samantha Cambrook

Best Regards
Eric Cambrook

Sent from Mail for Windows 10

From: Eric Cambrook
Sent: Tuesday, May 25, 2021 10:22 AM
To: tyrone.scott@DOS.myflorida.com
Subject: Titles for EGPS

Tyrone
Could you please give titles as discussed as "Directors"
Mr Eric Cambrook
Mrs Wanda Gay Cambrook

Best Regards
Eric Cambrook

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