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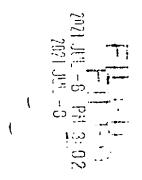
(Requestor's Name)
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COVER LETTER

	ew Filing Section ivision of Corporations	1021 415 1-81 TO
	The Tarred Day of Love and A. L. C.	
SUBJECT:	The Travel Bros Investments, LLC	- '.500
	Name of Limited Liability Company	1 1-
The enclose	ed Articles of Organization and fee(s) are submitted for filing.	(é
Please return	m all correspondence concerning this matter to the following:	
	Jarius Jefferson Name of Person	•
•	Name of Person	
-	The Travel Brus Investments LLC Firm/Company	
	Firm/Company	
	1317 Edgewater Dr. #5150	
-	Address	
_	Orlando, FL 32804	
	City/State and Zip Code	
	Support Ottbinvestmento com	
	Support att binvestment com E-mail address: (to be used for future annual report notification)	
For further inf	formation concerning this matter, please call:	
	James Johnson at 501) 613-1330	
_	Name of Person Area Code Daytime Telephone Number	•
Enclosed is	a check for the following amount:	
\$125.00 Fili	Certificate of Status — Certified Copy — Certificate (additional copy is enclosed) — Certified C	of Status &

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

ŧ,

(Must co		10-200 <u>Line 102</u>	STONESTS LLC.
	The Travel Dontain the words "Limited Liab	bility Company.	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	t address of the principal office	e of the Limited	Liability Company is:
<u>Prins</u>	ripal Office Address:		Mailing Address:
1317 E.L.	enuter Dave # 51	<u></u>	1317 Edgewater Drue #515 -1-10, FL 32804
			
ARTICLE III - Registered A	agent, Registered Office, & F	 Registered Ager	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	agent, Registered Office, & Formation Registered as its own Regin active Florida registration.)	Registered Ager gistered Agent.	nt's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	agent, Registered Office, & For a sits own Region active Florida registration.) et address of the registered agential Kelly Miller	Registered Agent. Y	nt's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	agent, Registered Office, & For any cannot serve as its own Regin active Florida registration.) et address of the registered agential Kelly Miller	Registered Agent. Y gistered Agent. Y ent are:	nt's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & Formy cannot serve as its own Regin active Florida registration.) The address of the registered agents of the registe	Registered Agent. September of Agent. Septembe	nt's Signature: You must designate an individual or
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	agent, Registered Office, & For any cannot serve as its own Regin active Florida registration.) et address of the registered agential Kelly Miller	Registered Agent. September of Agent. Septembe	nt's Signature: You must designate an individual or
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & Formy cannot serve as its own Regin active Florida registration.) The address of the registered agents of the registe	Registered Agent. Sent are: ame ter Dr O. Box NOT a	nt's Signature: You must designate an individual or

Registered Agent's Signature (REQUIRED)

(CONTINUED)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

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 Darius Markel Jefferson 15739 Backel Creek Drive 4/1BR Ryun Golius Upshaw 1811 Greenville Ave APT 2136 (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.

Jarrius Markel Jefferson

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)