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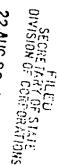
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		COV	'ER LETTER	
	New Filing Sec Division of Co			
SUBJEC	Т;		EL ADVENTURE'S, LLC	
CODULC	**		ited Liability Company	
The enclo	osed Articles of	Organization and fee(s) are	submitted for filing.	
Please ret	turn all corresp	ondence concerning this mat	iter to the following:	
	STACY SM	ALL		
		<del></del>	Name of Person	
	SMITH THO	OMPSON SHAW		
			Firm/Company	<u>.</u>
	3520 THOM	IASVILLE ROAD - 4TH F	LOOR	
			Address	
	TALLAHAS	SSEE, FL 32309		
	11		ty/State and Zip Code	
	walkerdavidv		for future annual report notificat	ion)
For further		oncerning this matter, please	•	iony
	STACY SM.	ALL 8:	50 893-4105 )	
	Nan		ca Code Daytime Telephon	ne Number
Enclosed	is a check for t	he following amount:		
≣\$125.0	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 enclose

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address</u> New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF ORGANIZATION **OF** NEXT LEVEL ADVENTURE'S, LLC

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

#### 1. NAME.

The name of the Limited Liability Company is NEXT LEVEL ADVENTURE'S, LLC (hereinafter referred to as the "Company").

#### 2. PERIOD OF DURATION.

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

#### 3. PURPOSE.

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

#### 4. MAILING ADDRESS OF BUSINESS.

The mailing address of the business in Florida for the Company is 6617 Heartland Circle, Tallahassee, Florida 32312. Such address may be changed from time to time as provided in the Operating Agreement.

#### 5. ADDRESS OF PLACE OF BUSINESS.

The address of the place of business is 6617 Heartianu Circle, Table 1975. Such address may be changed from time to time as provided in the Agreement The address of the place of business is 6617 Heartland Circle, Tallahassee



### 6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: <u>DAVID W. WALKER</u>; the initial registered office is located at 6617 Heartland Circle, Tallahassee, Florida 32312.

# 7. MANAGEMENT.

The name and address of the person authorized to manage and control the Limited Liability Company are as follows:

David W. Walker 6617 Heartland Circle Tallahassee, Florida 32312

**EXECUTED** at Tallahassee, Leon County, Florida this  $\frac{23}{12}$  day of August, 2022.

DAVE W WALKER

pww

Page 2 of 3

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the limited liability company is **NEXT LEVEL ADVENTURE'S**, LLC.
- 2. The name of the registered agent and office is: DAVID W. WALKER, 6617 Heartland Circle, Tallahassee, Florida 32312.

## **ACKNOWLEDGEMENT**

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

DAVID W. WALKER, Registered Agent



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