

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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FANKCHISHIG
DIVISION OF CORPORATIONS
TAILANASSEE, FLORIDA

FILED 2022 OCT 31 AM 8: 13

## COVER LETTER

iling Section on of Corporations			
Name of I	Limited Liabil	ity Company	
rticles of Organization and fee(s)	are submitted	for filing.	
correspondence concerning this	matter to the f	ollowing:	
lissa Hardesty			
<u>, , , , , , , , , , , , , , , , , , , </u>	Name of	Person	
e Travel Advisors, LLC			
	Firm/Co	mpany	
5 Viking Road			
	Addr	ress	
sacola Fl, 32507			
hadata Qaabaa saas	City/State an	id Zip Code	
	sed for future :	annual report notificati	ion)
		·	
	252	646-3311	
Name of Person	Area Code	Daytime Telephon	e Number
beck for the following amount:			
	Certif	ied Copy	☐\$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		Street Address New Filing Section D The Centre of Tallah: 2415 N. Monroe Stre	assee
	no of Corporations  on of Corporations  on of Corporations  on of Corporations  on Corporations  on Corporations  Name of I  Name of I  rticles of Organization and fee(s)  correspondence concerning this  lissa Hardesty  c Travel Advisors, LLC  Of Viking Road  esacola Fl, 32507  shardesty@yahoo.com  E-mail address: (to be use the standard concerning this matter, pleases the standard stand	Name of Corporations  oic Travel Advisors. LLC  Name of Limited Liabil  rticles of Organization and fee(s) are submitted  correspondence concerning this matter to the filissa Hardesty  Name of  c Travel Advisors. LLC  Firm/Co  S Viking Road  Addr  Addr  sacola Fl, 32507  City/State are shardesty@yahoo.com  E-mail address: (to be used for future and the filisse Hardesty  mation concerning this matter, please call:  ris Hardesty  Name of Person  Area Code  theck for the following amount:  ng Fee  Mailing Address  New Filing Section  Division of Corporations	Name of Limited Liability Company  rticles of Organization and fee(s) are submitted for filing.  Proceedings of Organization and fee(s) are submitted for filing.  Procedure of Person  Travel Advisors. LLC  Firm/Company  Solviking Road  Address  Address  Address  Address  Address  Address:  City/State and Zip Code  Shardesty@yahoo.com  E-mail address: (to be used for future annual report notificate mation concerning this matter, please call:  This Hardesty  Area Code  Daytime Telephon  Area Code  Certificate of Status  New Filing Section Division of Corporations  The Centre of Tallah

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Epic Travel Advisors,			
(Must contai	in the words "Limited l	Liability Compan	y, "L.L.C.," or "LLC.")
ICLE II - Address:			
mailing address and street add	dress of the principal o	ffice of the Limite	ed Liability Company is:
Principal Office Address:		Mailing Address:	
5405 Viking Rd		54	05 Viking Rd
Pensacola Fl, 32507		D.	nsacola Fl, 32507
TCLE III - Registered Ager	cannot serve as its own	& Registered Ag	ent's Signature:
TCLE III - Registered Ager Limited Liability Company o	cannot serve as its own ctive Florida registration	& Registered Ag Registered Agent (n.)	ent's Signature:
TCLE III - Registered Ager Limited Liability Company oner business entity with an ac	cannot serve as its own ctive Florida registration	& Registered Ag Registered Agent (n.)	
TCLE III - Registered Ager Limited Liability Company oner business entity with an ac	cannot serve as its own etive Florida registration ddress of the registered	& Registered Ag Registered Agent (n.)	ent's Signature:
TCLE III - Registered Ager Limited Liability Company oner business entity with an ac	cannot serve as its own etive Florida registration ddress of the registered	& Registered Agenda, Registered Agenda, (n.) Lagent are:	ent's Signature:
TCLE III - Registered Ager Limited Liability Company oner business entity with an ac	cannot serve as its own etive Florida registration ddress of the registered Davis Hardesty	& Registered Agenom.) I agent are:	ent's Signature: . You must designate an individual
TCLE III - Registered Ager Limited Liability Company oner business entity with an ac	cannot serve as its own entire Florida registration ddress of the registered Davis Hardesty  5405 Viking Road	& Registered Agenom.) I agent are:	ent's Signature: . You must designate an individual

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..

(CONTINUED)

Registered Agent Signature (REQUIRED)

2022 OCT 31 AM 8: 19

NOT OCT 31 AM 8: 19

PRANCHISING DIVISION OF CORPORATIONS

ARTICLE IV-

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

	Name and Address:
"AMBR" = Authorized Men	nber
"MGR" = Manager	
AMBR	Melissa Hardestv
	5405Viking Road Pensacola Fl, 32507
	Pensacola FI, 32507
AMBR	Davis Hardesty
ANDR	5405 Viking Road
	Pensacola Fl. 32507
<del>_</del>	
ffective date is listed, the date	than the date of filing: Jan1.2023
LE V: Effective date, if other flective date is listed, the date of filing.) If the date inserted in this blooms	than the date of filing: Jan1.2023 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 days ck does not meet the applicable statutory filing requirements, this date will not be li. Department of State's records.
LE V: Effective date, if other flective date is listed, the date of filing.) If the date inserted in this blowment's effective date on the LE VI: Other provisions, if an	than the date of filing: Jan1.2023 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 days ck does not meet the applicable statutory filing requirements, this date will not be li. Department of State's records.
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LE V: Effective date, if other fective date is listed, the date of filing.)  If the date inserted in this bloument's effective date on the LE VI: Other provisions, if an REOUIRED SIGNATUR  Signa This document am aware constitutes	than the date of filing: Jan1.2023 (OPTIONAL)  e must be specific and cannot be more than five business days prior to or 90 days  ck does not meet the applicable statutory filing requirements, this date will not be lie  Department of State's records.  y.  E:  Liture of a member or an authorized representative of a member.  ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State

as

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)