

123000070348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

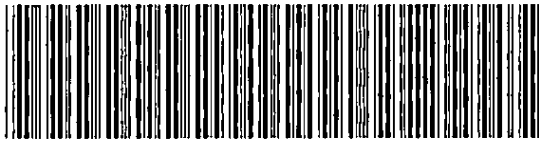
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JAN 26 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FL

KL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alpensee Tours, 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:

2110 Trescott Drive
Tallahassee, FL 32308

Mailing Address:

2110 Trescott Drive
Tallahassee, FL 32308

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:

Yvonne Gsteiger

Name

2110 Trescott Drive

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

Tallahassee

FL

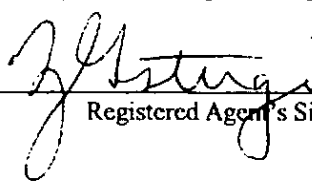
32308

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)

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TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Yvonne Gsteiger
2110 Trescott Drive
Tallahassee, FL 32308

AMBR

Jim Alves
2110 Trescott Drive
Tallahassee, FL 32308

(Use attachment if necessary)

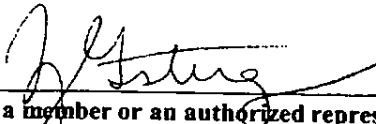
ARTICLE V: Effective date, if other than the date of filing: 1/25/23 (OPTIONAL)

(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.

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)

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2023 JAN 26 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FL

January 23, 2023

Secretary of State
PO Box 6327
Tallahassee, FL 32314

Re: Application to Reserve Corporate Name

To whom it may concern,

Enclosed please find a request to reserve the corporate name of *Spirit of Freedom Title Corporation* along with the \$35.00 fee.

Should you need anything further, please contact me at 847-454-8175 or isa.holewinski@phmc.com.

Thank you so very much for your help with this.

Kindest,



Isabella Holewinski

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2023 FEB 15 AM 7:58
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TALLAHASSEE, FL