

# L23000246450

Florida Department of State  
Division of Corporations  
Select the Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LONG LAW, P.A.  
Account Number : 120200000163  
Phone : (239)400-2060  
Fax Number : (239)268-6101

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO.

### Tipy Tikis LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

2023 MAY 18 PM 2:33

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 MAY 18 PM 2:14

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Tipx Tikis 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.

Keith Long

Name of Person

Long Law, P.A.

Firm/Company

1306 SE 46th Ln., Suite 1

Address

Cape Coral, FL 33904

City/State and Zip Code

keith@longlawfl.com

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

For further information concerning this matter, please call.

Keith Long

at ( 239 )

400-2060

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount.

☐ \$125.00 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 enclosed)

**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.

Tipy Tikis 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:

8263 KYLES STATION ROAD  
LIBERTY TOWNSHIP, OH 45044

Mailing Address:

8263 KYLES STATION ROAD  
LIBERTY TOWNSHIP, OH 45044

## ARTICLE III - Registered Agent, Registered Office, &amp; 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.

Long Law, P.A.

Name

1306 SE 46th Ln., Suite 1

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

Cape Coral

FL

33904

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.*

KEITH LONG

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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#### 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

MGR

DAN STODDARD LLC

8263 KYLES STATION ROAD

LIBERTY TOWNSHIP, OH 45044

MGR

VACATION BOAT RENTALS LLC

586 SADOWSKI CAUSEWAY

KEY COLONY BEACH FL 33051

(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:**

KENTH LONG

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.

Keith Long

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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FD-36