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WAIT MAIL						
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Special Instructions to Filing Officer:						

Office Use Only



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# FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

08/30/2024

NAME: TIPSY PIRATE LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

### **COVER LETTER**

TO: New Filing Section
Division of Corporations

SUBJECT: TIPSY PIRATE 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:

STEPHEN MILLE		<b>.</b>		
Name of Person		024		
TIPSY PIRATE LLC	L AH	024 AUG 3		
Firm/Company	AS.	0		
444 HANG LOOSE WAY	SEE.	.e. .e. ™		
Address	1-1 A	<b>L</b> 3		
DAYTUNA BEACH FC 32124		_		
City/State and Zip Code  5 teo hear Micke a gma. 1. Com  E-mail address: (to be used for future annual report notification)				
Stephen, Micke gma. I COM				
E-mail address: (to be used for future affinual report notification)				

For further information concerning this matter, please call:

STephen Mill at S30 204 7210

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee □\$130.00 Filing Fee &

☐\$130.00 Filing Fee & ☐\$15 Certificate of Status Certifi

☐\$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

TEMO

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:								
TIPSY PIRATE 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: Mailing Address:								
DAYTONA BEACH FL 32124 DAYTONA BEGON FL 32124								
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:								
PARALORP INCOLORATED								
PARACORP INCOLORATED  Name  155 OFFICE PLANDA DA DST Floor  Florida street address (P.O. Box NOT acceptable)								
This was address (R.O. Roy NOT acceptable)								
Florida street address (P.O. Box MAT acceptable)								
TALLA HASSEC FL 32301 AH SS								
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 divises, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.)								
Please see attached.								
Registered Agent's Signature (REQUIRED)								

(CONTINUED)

Δ	R	T	ľ	Ί.	Æ	I١	/-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	STEPHEN MICKE 444 HANG LOOSE WAY DAYTONA BYACH FL 32124
	2024 AL
	AUG 30
	SC A
(Use attachment if necessary)	FZ 🛱
If an effective date is fisted, the date must be spe-	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed a of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	——————————————————————————————————————
This document is execut  I am aware that any false	mber or an authorized representative of a member.  ded in accordance with section 605.0203 (1) (b), Florida Statutes.  information submitted in a document to the Department of State  electric felony as provided for in s.817.155, F.S.

STEPHEN Micke

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)

# STATE OF FLORIDA

# REGISTERED AGENT CONSENT FORM

DATE: 8/29/2024

ENTITY NAME: Tipsy Pirate LLC

## REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated