

L24004583A1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

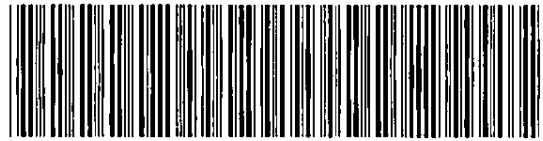
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



000438489100

10/25/24--01024--007 \*\*130.00

10/25/24 10:00 AM

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Blue Lagoon Travel, 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:

Melody Glanz  
\_\_\_\_\_  
Name of Person  
  
Blue Lagoon Travel, LLC  
\_\_\_\_\_  
Firm/Company  
  
6511 Student Way  
\_\_\_\_\_  
Address  
  
Fort Pierce, FL 34951  
\_\_\_\_\_  
City/State and Zip Code  
  
melodyglanz@yahoo.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melody Glanz                      219                      229-5700  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

6-11-03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blue Lagoon Travel, 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:

6511 Student Way

Fort Pierce, FL 34951

Mailing Address:

6511 Student Way

Fort Pierce, FL 34951

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:

Melody Glanz

Name

6511 Student Way

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

Fort Pierce

FL

34951

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.*

Melody Glanz

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 OCT 25 PM 3:51

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

---

MGR

Melody Glanz  
2812 NW 27th St  
Cape Coral, FL 33993

MGR

Crystal Reilly  
6511 Student Way  
Fort Pierce, FL 34951

---

Melody Glanz

**\$ 5.00 Certificate of Status (Optional)**

2010年12月