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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

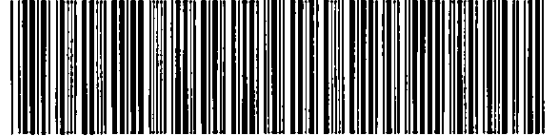
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/08/21--01011--025 **160.00

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CLERK OF SUPERIOR COURT
JULIA M. FLORES

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10/12/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Crusin' & Tourin' Trips Travel L.L.C.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lorenzo Butler

Name of Person

Crusin' & Tourin' Trips Travel

Firm/Company

1317 Edgewater Drive Suite 1963

Address

Orlando FL32804

City/State and Zip Code

corpse@crusintourin.com

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

For further information concerning this matter, please call:

Lorenzo Butler

407

7683108

at (_____)

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Crusin' & Tourin' Trips Travel L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. South Carolina 3. 46-2206345
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 210 Junior Rd 6. 1317 Edgewater Drive Suite 1963
(Street Address of Principal Office) (Mailing Address)
Wedgfield SC29168 Orlando FL 32804

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Lorenzo Butler
Office Address: 1317 Edgewater Drv Suite 1963
Orlando 32804
(City) , Florida (Zip code)

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CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA
COUNTY OF ORANGE

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Lorenzo Butler

☐ Member Address: 1317 Edgewater Drv

☐ Authorized Suite 1963

Orlaado FL 32804

Person

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

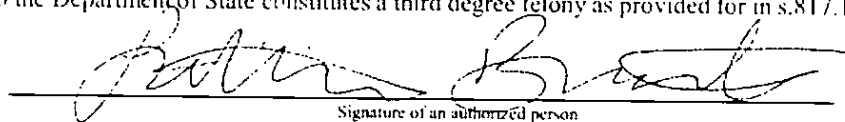
Person

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



Signature of an authorized person

Lorenzo Butler

Typed or printed name of signee

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

CRUSIN' & TOURIN' TRIPS TRAVEL L.L.C., a limited liability company duly organized under the laws of the State of South Carolina on February 19th, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 20th day
of September, 2021.


Mark Hammond, Secretary of State

Sep 20 2021
REFERENCE ID: B70480

Mark Hammond
Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Crusin' & Tourin' Trips Travel L.L.C.

*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

210 Junior Rd

Street Address

Wedgfield

City

SC

State

29168

Zip Code

3. The initial agent for service of process is

Lorenzo Butler

Name

Lorenzo Butler
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

210 Junior Rd

Street Address

Wedgfield

City

SC

State

29168

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Lorenzo Butler

Name

210 Junior Rd

Street Address

Wedgfield

City

SC

State

29168

Zip Code

(b) LITUS BUTLER

Name

210 Junior Rd

Street Address

Wedgfield

City

SC

State

29168

Zip Code

140219-0068

FILED: 02/19/2014

CRUSIN' & TOURIN' TRIPS TRAVEL L.L.C.

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State

Sep 20 2021
REFERENCE ID: 870480

Name of Limited Liability Company

Crusin' & Tamin' Trips Travel

Mark Howard
Secretary of State

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) _____
Name

Street Address

City State Zip Code
- (b) _____
Name

Street Address

City State Zip Code
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

[Signature]
Signature of Organizer
[Signature]
Signature of Organizer

31 Jan 2014
Date
31 Jan 2014
Date