

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305) 634-3694 Phone Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

caribbean kosher tours, Ltd.

Certificate of Status Certified Copy 1 Page Count 03 Estimated Charge \$155.00

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of Stata

May 27, 2005

EMPIRE CORPORATE KIT COMPANY

SUBJECT: CARIBBEAN KOSHER TOURS, LTD.

REF: W05000026578

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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Joey Bryan Document Specialist FAX Aud. #: H05000132976 Letter Number: 305A00038109

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

CARIBBEAN KOSHER TOURS, LLC

ARTICLE I

The name of the Limited Liability Company shall: CARIBBEAN KOSHER TOURS, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 19201 COLLINS AVENUE, UNIT 917, NORTH MIAMI, FL 33160

ARTICLE IV

The name of the Member(s) and Managing Member(s) shall be:

MEMBER
IRVING LANGER
RICHARD SCHECHTER

SAUL SCHECHTER

ARTICLE V

The name and the Florida street address of the registered agent: BARRY COHEN, 2875 NE 191 STREET, AVENTURA, FL 33180

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization. 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.

Barry Conen.
Registered Agent

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

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