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	egistration Se Division of Cor			in the second se
SUBJECT	r: EMCO	Travel, LLC & la (Name of Limited	E & M TRAVEL d Liability Company)	
The enclos	sed Articles of	f Organization and fee(s) are su	ubmitted for filing.	
Please retu	ırn all corresp	ondence concerning this matte	r to the following:	
So	ophia Kul			
		(I	Name of Person)	ı
Ef	MCO Trav	vel, LLC		
		(Firm/Company)	
4	172 Ridg	emoor Dr N		
			(Address)	
<u>P</u> a	alm Har			
		(City)	(State and Zip Code)	
For furthe	r information	concerning this matter, please	call:	
Sophia	Kulich		at (_727) 254-437	'3
	(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed	is a check fo	or 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited	Liability Company is:	
EMCO T.	 RAVEL, LLC D.	BA EAM TRAVEL Company" or their abbreviation "LLC," or "L.C.,")
(Must end with the words "Limite	ed Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and		ncipal office of the Limited Liability Company is:
Principal Office Addres	<u>s:</u>	Mailing Address:
Sophia Kulich		4172 Ridgemoor Dr N
4/72 RIDGEMODE DV A PALM HARBOL FL 3	/	Palm Harbor, FL, 34685
PALM HARBOR FL 3	4685	
The name and the Florida	a street address of the re	gistered agent are:
۲.,	72 P TOCC Manage	20 4/
	Florida street addr	OR N ess (P.O. Box NOT acceptable)
,	2014 44 Alamana	ress (P.O. Box NOT acceptable) FL 34685 ad Zip
	City State on	FL 34683
	City, State, ar	ia zip
liability company at the registered agent and agre statutes relating to the p	he place designated in th ee to act in this capacity. proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
	Glorge Fulri Registered Agent's Signatu	d.
	Registered Agent's Signatu	re (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

'MGRM" = Ma	•	
MGR		GEORGE KULICH 4172 RIDGEMOOR DR N PALM MARBOR, EL 34685
		4172 RIDGEMOOR DR N
		PALM MARBUR, EL 34685
		•
		
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Use attachmen	• ,	· ·
LE V: Effective	e date, if other than the	e date of filing: <u>4/28/07</u> . (OPTIC
LE V: Effective fective date is li	e date, if other than the isted, the date must b	e date of filing: 4/28/07 . (OPTIO
LE V: Effective ective date is li	e date, if other than the isted, the date must b	e date of filing: 4/28/07 . (OPTIC be specific and cannot be more than five business
LE V: Effective ective date is li	e date, if other than the isted, the date must b	e date of filing: 4/28/07 . (OPTIO
EV: Effective fective date is lidays after the c	e date, if other than the isted, the date must bate of filing.)	e date of filing: 4/28/07 . (OPTIC be specific and cannot be more than five business
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LE V: Effective	e date, if other than the isted, the date must be date of filing.) IGNATURE:	e date of filing: 4/28/07 . (OPTIC pe specific and cannot be more than five business Eulech er or an authorized representative of a member.
E V: Effective ective date is li days after the c	e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a member	Eulech er or an authorized representative of a member.
E V: Effective ective date is li lays after the c	e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with se	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
E V: Effective ective date is lidays after the c	e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a member of this document constitute the facts stated	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)