

LO9000073204

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(Address)

(City/State/Zip/Phone #)

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Certified Copies _____ Certificates of Status _____

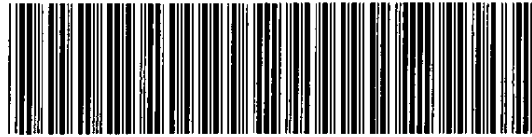
Special Instructions to Filing Officer:

A. LUNT

JUL 30 2009

EXAMINER

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07/29/09--01014--011 **125.00

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2009 JUL 29 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: First Incentive Travel International, 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:

<u>Iris Langanke</u> Name of Person	FILED 2009 JUL 29 PM 1:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA
<u>PRA Orlando, Inc.</u> Firm/Company	
<u>8810 Commodity Circle, # 28</u> Address	
<u>Orlando, FL 32819</u> City/State and Zip Code	
<u>ilanganke@pra.com</u> E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

<u>Iris Langanke</u> Name of Person	at (<u>321</u>) <u>319-0818</u> Area Code & Daytime Telephone Number
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Enclosed is a check for 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

First Incentive Travel International, LLC.

(Must end with 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:

8810 Commodity Circle
Suite 28
Orlando, FL 32819

Mailing Address:

8810 Commodity Circle
Suite 28
Orlando, FL 32819

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:

Iris Langanke

Name

8810 Commodity Circle, Suite 28

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

Orlando, FL 32819 FL

City, State, and 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 608, F.S..

I. Langanke

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Jan-Joost de Meyer

2655 Runyon Circle

Orlando, FL 32837

MGRM

Iris Langanke

2655 Runyon Circle

Orlando, FL 32838

MGR

Todd Allen Black

14003 Stone Key Way

Fortville, Indiana 46040

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Iris Langanke

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.)

Iris Langanke

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)