

L01 000000 1527

January 22, 2001

Florida Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

400003574724--1
-01/25/01--01062--009
****160.00 ****160.00

Dear Sir or Madam,

Enclosed please find LLC Articles of Organization and a Check for \$160.00 for the filing fee, designation of registered agent, certified copy and certificate of status.

Regards,

Carolyn Myers-Simmonds For The Firm
Myers-Simmonds, P.A.
4801 S. University Drive
Suite 3010
Ft. Lauderdale, FL 33328

Tel: (954) 434-5041
Fax: (954) 434-5091

FILED
01 JAN 25 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L01-1527
Qe

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I .Name:

The name of the Limited Liability Company is:

International Travel Management Consultants, LLC

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

C/O Carolyn Myers-Simmonds, P.A.
4801 S. University Drive, Suite 3010
Ft. Lauderdale, Florida 33328

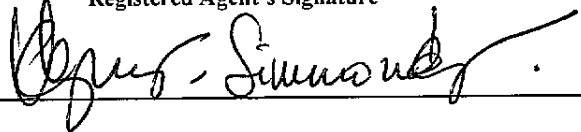
ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Name:
Carolyn Myers-Simmonds, Esq.
4801 S. University Drive, Suite 3010
Ft. Lauderdale, Florida 33328

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 capacity, 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.

Registered Agent's Signature



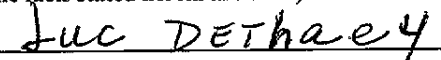
Article IV .Management (Check box if applicable.)

- ✓ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager managed company.



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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA