

CT CORPORATION

CORPORATION(S) NAME

**L02000005535**

1) Travelkey LLC

0

2) Marrkey LLC

3) Marinakey LLC

4) Ramkey LLC

5) Hollkey LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAR - 7 AM 8:40

APPROVAL  
AND  
FILED

Profit

Amendment

Merger

Nonprofit

Foreign

Dissolution/Withdrawal

Mark

Reinstatement

Limited Partnership

Annual Report

Other

LLC

Name Registration

Change of RA

Fictitious Name

UCC

Certified Copy

Photocopies

CUS

Call When Ready

Call If Problem

After 4:30

Walk In

Will Wait

Pick Up

Mail Out

DIVISION OF CORPORATION

02 MAR - 7 PM 4:24

Name

3/7/02

Order#: 5181807

Availability \_\_\_\_\_

900005065458--0

Document \_\_\_\_\_

-03/08/02--01002--012

Examiner \_\_\_\_\_

Ref#:

\*\*\*155.00 \*\*\*155.00

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

*UPB*  
*3-8-02*

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Travelkey LLC

## ARTICLE II - Address:

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

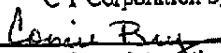
1100 Linton Blvd., Suite C-9, Delray Beach, FL 33444

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

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

CT Corporation System  
 Name  
c/o CT Corporation System, 1200 South Pine Island Road  
 Florida street address (P.O. Box NOT acceptable)  
Plantation FL 33324  
 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..*

CT Corporation System  
  
 Registered Agent's Signature

**CONNIE BRYAN**  
 SPECIAL ASSISTANT SECRETARY

## 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.

(An additional article must be added if an effective date is requested)

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.)

Richard H. Critchfield

Typed or printed name of signer

02 MAR -7 AM 8:40  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPROVED  
 AND  
 FILED

### FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)