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Florida Department of State

Division of Corporations

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Fax Number : (561) 394-3699

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 12 AM 9:04

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LIMITED LIABILITY COMPANY

PayMeTravel LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION**FOR****PAYMETRAVEL LLC****A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, for purposes of forming a limited liability company in the State of Florida, do hereby state the following:

ARTICLE I - Name: The name of the Limited Liability Company is: PayMeTravel LLC.

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

6405 Congress Avenue, Suite 120
Boca Raton, FL 33487

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

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

M. Adam Banker, Esquire
Elk, Bankier & Christu^{LLP}
4800 N. Federal Highway, Ste. 200E
Boca Raton, FL 33431

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


M. ADAM BANKIER, Registered Agent

ARTICLE IV - DURATION:

The period of the Company's duration is perpetual from the date of filing the Articles of Organization with the Florida Secretary of State, unless sooner dissolved by the members, unless extended by its members, or as provided by statute.

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ARTICLE V - PURPOSE:

The purposed for which the Company has been formed is to engage in any lawful act, activity or business not contrary to and for which a limited liability company may be formed under the laws of the State of Florida, and to have and exercise all powers, rights and privileges conferred by the laws of Florida on limited liability companies, including but not limited to the performance of services, buying, leasing or otherwise acquiring and holding, using or enjoying and selling, leasing or otherwise disposing of any interest in any property, real or personal, tangible or intangible, or whatever nature and wheresoever situated, and buying, selling and holding stocks, bonds, or any other security of any issuer as the Company may, at any time and from time to time, deem advisable.

ARTICLE VI - CONTINUITY:

The remaining members of the Company will have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this Company.

ARTICLE VII - MANAGEMENT:

The business of the Company will be conducted under the exclusive management and be limited to its members who will vote according to their proportionate interest in the Company and shall have exclusive authority to act for the Company in all matters. The names and addresses of the members are:

David Bookman
Revelex Corporation
c/o 6405 Congress Avenue, Suite 120
Boca Raton, FL 33487

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

Signed on March 5, 2002.



DAVID BOOKMAN (L.S.)

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STATE OF FLORIDA)
) ss:
COUNTY OF PALM BEACH)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared **DAVID BOOKMAN**, who is,

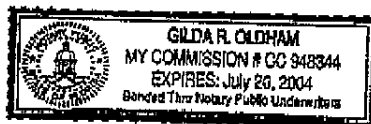
☒ personally known to me, or
☐ has produced _____ as identification

and who executed the foregoing instrument and acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 5th day
of March, 2002.

Gilda R. Oldham
(Signature)
GILDA R. OLDHAM
(Printed Name)

My Commission Expires:
My Commission No. is:



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