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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

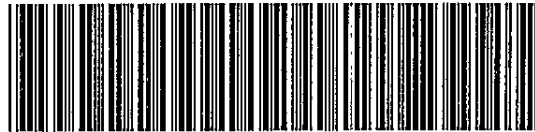
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Pam Geiser GAVE
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DATE 3/2/04
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04 FEB 19 AM 10:30
TALLAHASSEE FLORIDA



Writer's Direct Line: (614) 628-0840
Writer's E-Mail Address: peg@cpmlaw.com

February 16, 2004

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

Re: Travel Partners USA, LLC

Dear Sir or Madam:

Enclosed herewith are the following documents:

- Articles of Organization for Travel Partners USA, LLC
- Check in the amount of \$125.00 for the filing fees

Please provide a letter of acknowledgment upon registration of this company in the State of Florida. A postage-paid return address envelope is enclosed for your convenience. If there are any problems with or questions about this filing, please contact me toll-free at 800-666-2762.

Very truly yours,

CARLILE PATCHEN & MURPHY LLP

Pam E. Geiser
Paralegal

PEG/PEG/602255.1
153394.001

cc. Mr. Steven D. Enz
Mr. David S. Jackson

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRAVEL PARTNERS USA, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6150 DIAMOND CENTER COURT

Same

BLDG. 200

FT. MYERS, FLORIDA 33912

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

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

WILLIAM C. MATTY, JR.

Name

6150 DIAMOND CENTER COURT, BLDG. 200

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

FT. MYERS

FLORIDA 33912

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, Florida Statutes..


Registered Agent's Signature

FILED
04 FEB 19 AM 10:21
CLERK OF CIRCUIT COURT
STATE OF 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

TRAVEL PARTNERS USA, INC.

6150 DIAMOND CENTER COURT

BLDG. 200

FT. MYERS, FLORIDA

MGRM

JRP, INC.

14971 RIVER'S EDGE COURT

#104

FT. MYERS, FLORIDA 33908

MGRM

PERRYLEE, INC.

2700 FOREST HILLS BLVD.

#201

CORAL SPRINGS, FLORIDA 33065

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

WILLIAM C. MATTY, JR.

Typed or printed name of signee

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)