

L 04000035683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

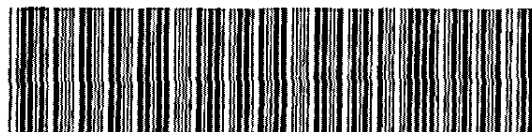
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/03/04--01066--015 **130.00

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DIVISION OF CORPORATIONS
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Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

April 28, 2004

Please find enclosed one completed Transmittal Letter, one Articles of Organization for Florida LLC and a check in the amount of \$130.00.

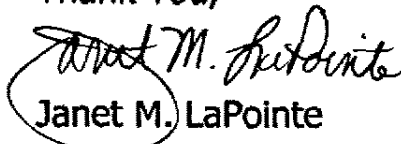
- \$100.00 Filing Fee for Articles of Organization
- \$25.00 Designation of Registered Agent
- \$5.00 Certificate of Status
- \$130.00...Total

My contact information is as follows:

Janet M. LaPointe
1730 So. Federal Hwy#223
Delray Beach, FL 33483
Phone: 561-499-4000
E-mail: janetlapointe@mindspring.com

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Thank You,


Janet M. LaPointe

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE TRAVEL OFFICE, 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:

JANET M. LAPOINTE
(Name of Person)

(Firm/Company)

1730 SO. FEDERAL Hwy #223
(Address)

DeRAY Beach, FL 33483
(City/State and Zip Code)

For further information concerning this matter, please call:

JANET M. LAPOINTE at (561) 499-4000
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

— THE TRAVEL OFFICE, LLC —

ARTICLE II - Address:

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

Principal Office Address:

2762 Hampton Circle So.
Delray Beach, FL 33445

Mailing Address:

THE TRAVEL OFFICE
1730 SO. FEDERAL Hwy #203
Delray Beach, FL 33483

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

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

JANET M. LAPOINTE
Name
1730 SO. FEDERAL Hwy #203
Florida street address (P.O. Box **NOT** acceptable)
Delray Beach, FL 33483
City, State, and Zip

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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..

Janet M. Lapointe
Registered Agent's Signature

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:

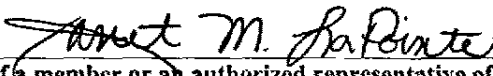
MGR

JANET M. LAPOINTE
1730 SO. FEDERAL Hwy #208
DeLRAY Beach, FL 33483

(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.)

JANET M. LAPOINTE
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)

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