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DIVISION OF CORPORATIONS
04 JUN -3 PM 2:24

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEV MAR TRAVEL COMPANY
(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:

Yvonne K. SCARLETT
(Name of Person)

(Firm/Company)

P. O. Box 138162
(Address)

W04-20031

CLERMONT, FL 34713
(City/State and Zip Code)

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DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

Yvonne Scarlett at (863) 420-6458
(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 24, 2004

YVONNE K. SCARLETT
P.O. BOX 138162
CLERMONT, FL 34713

8297 Champions Gate Blvd
Suite 144

SUBJECT: DEVMAR TRAVEL COMPANY
Ref. Number: W04000020031

Champions Gate, FL 33897

04 JUN - 3 PM 2: 25
DIVISION OF CORPORATIONS
SECRETARY OF STATE

We have received your document for DEVMAR TRAVEL COMPANY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 804A00036298

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEVMAR TRAVEL COMPANY, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

8297 Champions Gate Blvd. 8297 Champions Gate Blvd.
Suite 144 Suite 144
Champions Gate, FL 33896 Champions Gate, FL

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

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

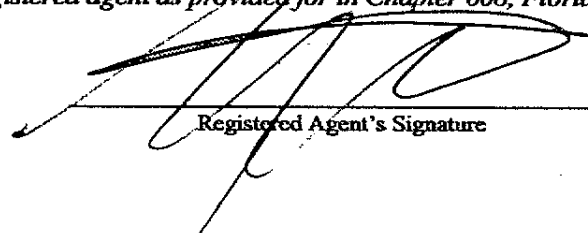
Yvonne K. SCARLETT
Name

712 Sonja Circle
Florida street address (P.O. Box NOT acceptable)

Davenport FLORIDA, 33897
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..



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:

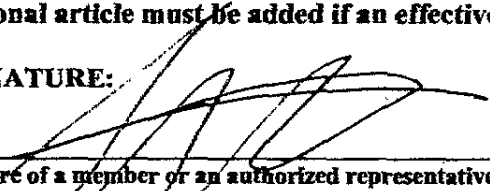
MGR

Yvonne K. SCARLETT
712 SONJA CIRCLE
DAVENPORT, FL 33897

(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.)

YVONNE SCARLETT
Typed or printed name of signee

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DIVISION OF CORPORATIONS
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- 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)