

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000023270 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Pax Number

: (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (650)222-1092

Fax Number

: (850)222-9428

LIMITED LIABILITY COMPANY

INTELETRAVEL REWARDS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Which coin Phips Marks

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

INTELETRAVEL REV	WARDS, LLC	
ARTICLE II - Address		s of the principal office of the Limited Liability Company is:
Principal Office A	ddress:	Mailing Address:
15 NE 4TH STREET, SUITE B		PO BOX 6310
DELRAY BEACH, FL 33444		DELRAY BEACH, FL 33482
· · · · · · · · · · · · · · · · · · ·		
		egistered Office, & Registered Agent's Signature; as of the registered agent are:
	lorida s treet addres	
	Torida street addres	T Corporation System Name South Pine Island Road
	Torida street addres	S of the registered agent are: T Corporation System Name
The name and the F	Plorida street address 120 Plorida street a	T Corporation System Name C South Pine Island Road ddress (P.O. Box NOT acceptable) FLORIDA 33324
The name and the F	Plorida street address 120 Plorida street a	T Corporation System Name C South Pine Island Road ddress (P.O. Box NOT acceptable)
The name and the F ng been named as regist vany at the place design	Plorida street address 120 Plorida street a Plantation Contered agent and to a sated in this certifica	T Corporation System Name O South Pine Island Road ddress (P.O. Box NOT acceptable) FLORIDA 33324 lity, State, and Zip Eccept service of process for the above stated limited liability; ze, I hereby accept the appointment as registered again; and
The name and the F ing been named as regist oany at the place design to act in this capacity.	Plantation Careed agent and to a cated in this certifical further agree to co	T Corporation System Name O South Pine Island Road ddress (P.O. Box NOT acceptable) FLORIDA 33324 Ity, State, and Zip Except service of process for the above stated limited Hability;
The name and the F and been named as regist born at the place design to act in this capacity. complete performance o	Plantation Plantation Control of the control of t	T Corporation System Name O South Pine Island Road ddress (P.O. Box NOT acceptable) FLORIDA 33324 Ity, State, and Zip secrept service of process for the above stated limited liability ate, I hereby accept the appointment as registered against and comply with the provisions of all statutes relating to the proper

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows

<u>Title:</u> "MGR" = Maneger "MGRM" = Maneging Member	Name and Address:
MGRM	JOSEPH R. TRAINA 45 WOODVALLBY LANE FLOWERHILL, NY 11050
	FLOWBRILL, NT 1100
	
Use attachment if necessary)	

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

bud representative of a member.

An 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.)

JOHN W. DICKERSON, JR.

Typed or printed name of signce

Filing Fore: \$160.00 Filing For far Articles of Organization \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Stains (Optional)

Page 2 of 2

PLDB2 - 02/27/04 C T 87/19/9 Ordina