

W05000029843

00789-00524-00071 LC NOT LLC wrong forms

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies 1

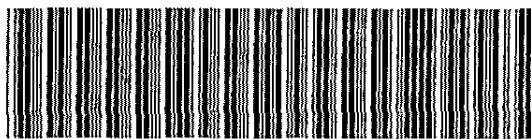
Certificates of Status 1

Special Instructions to Filing Officer:

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FL LC

Office Use Only



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03/17/05--01062--004 \*\*160.00

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W05-14248



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 18, 2005

JOHN FELIX  
1844 E. CHERYL DR  
WINTER PARK, FL 32792

SUBJECT: THE CARIBBEAN AMERICAN TRAVEL CONNECTION, LLC  
Ref. Number: W05000014248

We have received your document for THE CARIBBEAN AMERICAN TRAVEL CONNECTION, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached forms to file for a Florida Limited Liability Company, the form submitted is for a Corporation.,

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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 605A00018829

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **THE CARIBBEAN AMERICAN TRAVEL CONNECTION, 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:

**JOHN FELIX**

(Name of Person)

**THE CARIBBEAN AMERICAN TRAVEL CONNECTION, LLC.**

(Firm/Company)

**1844 E. CHERYL DR.**

(Address)

**WINTER PARK, FL. 32792**

(City/State and Zip Code)

For further information concerning this matter, please call:

**JOHN FELIX**

(Name of Person)

at (

**407**

(Area Code & Daytime Telephone Number)

**671-7495**

Enclosed is a check for the following amount:

- |                                              |                                                                         |                                                                                                   |                                                                                                                                        |
|----------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|----------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|

**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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

THE CARIBBEAN AMERICAN TRAVEL CONNECTION, 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:

1844 E. CHERYL DR.  
WINTER PARK, FL. 32792

1844 E. CHERYL DR.  
WINTER PARK, FL. 32792

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

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

JOHN FELIX

Name

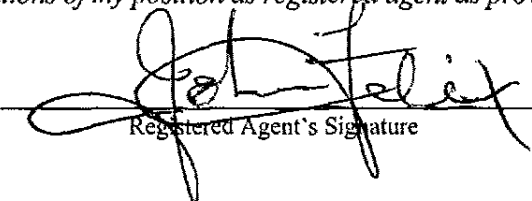
1844 E. CHERYL DR.

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

WINTER PARK FL 32792

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, F.S..*

  
Registered Agent's Signature

(CONTINUED)

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**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/DIRECTER**

**JOHN FELIX**

**1844 E. CHERYL DR.**

**WINTER PARK, FL. 32792**

**MGRM**

**RAFIEK MOHAMMED**

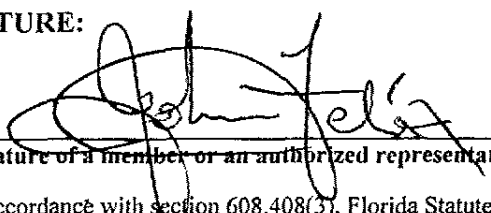
**7400 NW 36th ST**

**FT. LAUDERDALE, FL. 33319**

(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.)

**JOHN FELIX**

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**