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(Requestor's Name)

(Address)

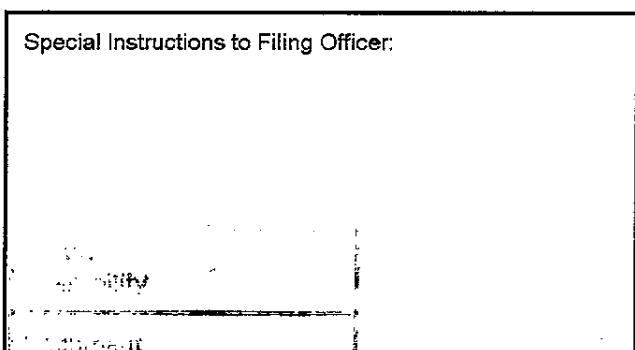
(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

Special Instructions to Filing Officer:



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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 8th Continent Travel 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:

Carole Slattery
(Name of Person)

8th Continent Travel LLC
(Firm/Company)

109 Montclaire Drive
(Address)

Weston, Florida 33326
(City/State and Zip Code)

For further information concerning this matter, please call:

Carole Slattery at (954) 389-3132
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy
(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:

8th Continent Travel LLC

ARTICLE II - Address:

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

Principal Office Address:

8th Continent Travel LLC
109 Montclaire Drive
Weston, Florida 33326

Mailing Address:

8th Continent Travel LLC
109 Montclaire Drive
Weston, Florida 33325

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

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

Carole Slattery

Name

109 Montclaire Drive

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

Weston, Florida 33326

FL

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..

Carole Slattery 4/22/05
Registered Agent's Signature

05 APR 25 P 2 5b
SECRETARY OF STATE
TENNESSEE, FLORIDA

FILED

(CONTINUED)

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:

Carole Slattery, Mgr.

109 Montclaire Drive

Weston, Florida 33326

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Carole Slattery 4/22/05

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.)

Carole Slattery

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)

2005 APR 25 P 2:56
SECRETARY OF STATE
ALLIANCE, INC.

FILED