## L05000073284

William Fetterson (Requestor's Name)		
(Requestor's Name)  Po Box /256 (Address)		
(Address)  Ocely FL 34478  (Ofty/State/Zip/Phone #)		
OFICK-UP WAIT MAIL		
Advance Travel Affiliates (Business Entity Name) LLC		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

AOVANCE TRAVEL	AFFILIATES, 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:	
15850 NE 148# TELL Ft. Me Coy, FL 32/34	PO BOX 1256 80 30 30	
	***	

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

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

WILLIAM F. PATTERON

850 NB 148th Terr.
Florida street address (P.O. Box NOT acceptable)

1-4. Mc Coy FL 32/34

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)

Page 1 of 2

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" = Manager	Name and Address:
"MGRM" = Managing Member	Niciam F. PATERSON
mal	ALLIE A MATIOCK - 15850 NE 148# FOREGRE FI. MoCoy, FL 32/34
••••••••••••••••••••••••••••••••••••••	
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE:	C

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.)

Typed or printed name of signer

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)