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Division of Corporations

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To:  
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Fax Number : (850) 205-0383

From:  
Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.  
Account Number : 076077002775  
Phone : (407) 246-8450  
Fax Number : (407) 423-7014

FLORIDA/FOREIGN LIMITED LIABILITY CO.

TRAVELYNX, LLC

Certificate of Status	0
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**Articles of Organization  
of  
Travelynx, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I — Name:**

The name of the limited liability company is: Travelynx, LLC.

**ARTICLE II — Address:**

The initial mailing address and street address of the principal office of the limited liability company is: c/o Gary D. Lipson, Esq., Winderwealdle, Haines, Ward & Woodman, P.A., 390 North Orange Avenue, Suite 1500, Orlando, Florida 32801.


**Article III — Registered Agent and Registered Office:**

The name and the Florida street address of the initial registered agent of the limited liability company are: Gary D. Lipson, 390 North Orange Avenue, Suite 1500, Orlando, Florida 32801.

**Article IV — Indemnification:**

This limited liability company shall indemnify and hold harmless its managers, directors, officers, employees, attorneys and agents to the fullest extent permitted by law.

**IN WITNESS WHEREOF**, the undersigned, as an authorized representative of a member, has signed and acknowledged these Articles of Organization on March 30, 2006.

  
\_\_\_\_\_  
Gary D. Lipson,  
as Authorized Representative

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**Statement Accepting Appointment as Registered Agent**

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in the statement. 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 under Chapter 608, Florida Statutes.

  
\_\_\_\_\_  
Gary D. Lipson

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