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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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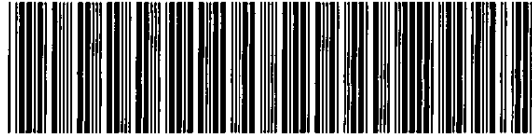
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMARTRAVEL, 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:

DAVID S. JACKSON
(Name of Person)

CARLILE PATCHEN & MURPHY LLP
(Firm/Company)

366 EAST BROAD STREET
(Address)

COLUMBUS, OHIO 43215
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID S. JACKSON at (614) 628-0797
(Name of Person) (Area Code & Daytime Telephone Number)

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

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

SMARTRAVEL, 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:

6150 DIAMOND CENTER COURT

SAME

BLDG. 200

FORT MYERS, FLORIDA 33912

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

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

WILLIAM C. MATTY, JR.

Name

6150 DIAMOND CENTER COURT, BLDG. 200

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

FORT MYERS FLORIDA 33912

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 605, Florida Statutes..

By: 

Registered Agent's Signature
William C. Matty, Jr.

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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:

MGRM

WILLIAM C. MATTY, JR.

7891 CLASSICS COURT, #202

ESTERO, FL 33928

MGRM

JAMES E. GIBSON

8109 MIDNIGHT PASS ROAD

SARASOTA, FL 34242

MGRM

CYNTHIA TURNBULL

6150 Diamond Centre Court, Bldg. 200

Ft. Myers, FL 33912

(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.)

WILLIAM C MATTY, JR.

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

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