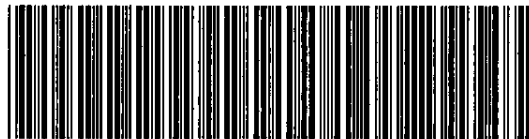


LD6000115501

ELEGANT AIRPORT
243 SW MARATHON AVE
PORT ST LUCIE FL 34953



200081006362

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

LD6-48379

Office Use Only

11/02/06--01012--002 **160.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 NOV -2 PM 2:27

EFFECTIVE DATE

11/01/06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2006

ELEGANT AIRPORT
243 SW MARATHON AVE.
PORT ST. LUCIE, FL 34953

SUBJECT: ELEGANT AIRPORT SHUTTLE AND PRIVATE SERVICES, LLC
Ref. Number: W06000048379

We have received your document for ELEGANT AIRPORT SHUTTLE AND PRIVATE SERVICES, 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on November 2, 2006. Please amend your document accordingly.

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) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 506A00065153

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DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ELEGANT AIRPORT SHUTTLE AND PRIVATE SERVICES, LLC.

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

SW
243 MARATHON AVENUE
PORT ST LUCIE, FL 34953

Mailing Address:

SW
243 MARATHON AVENUE
PORT ST LUCIE, FL 34953

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

PATRICIA RUSSO

SW Name
243 MARATHON AVE

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

PT ST LUCIE, FL 34953

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..

Patricia Russo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2006 NOV -2 PM 2:27

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

EFFECTIVE DATE
11-01-06

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

MGR

Name and Address:

PATRICA RUSSO ^{PR}

243 MARATHON AVE

PT ST LUCIE, FL 34953

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/01/2006

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than 90 business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Patricia Russo

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.)

PATRICIA RUSSO

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)