

L06060116819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

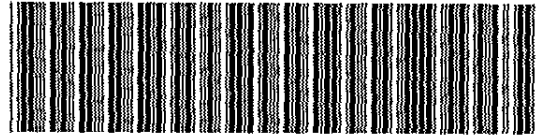
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06 DEC -7 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2006 DEC -7 AM 10:46
NOTIFIED
TO ACKNOWLEDGE
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 647113 4813885

AUTHORIZATION :

COST LIMIT : \$ 153.00

FILED
06 DEC -7 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 6, 2006

ORDER TIME : 8:51 AM

ORDER NO. : 647113-005

CUSTOMER NO: 4813885

DOMESTIC FILING

NAME: OFFICIAL TRAVEL REGISTRAR LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OFFICIAL TRAVEL REGISTRAR 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:

20801 Biscayne Blvd., Suite 403
Aventura, FL 33180

Mailing Address:

20801 Biscayne Blvd., Suite 403
Aventura, FL 33180

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:

Corporation Service Company

Name

1201 Hays Street

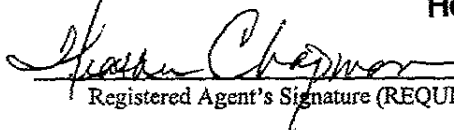
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301

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.

Heather Chapman
as its agent


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

Steven A. Schwartz
20801 Biscayne Blvd., Suite 403
Aventura, FL 33180

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

L. David Pomeroy

(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 signee

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)