

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : JOSEPH A. TROIANO, ESQ., PA  
Account Number : I20050000018  
Phone : (239) 482-3998  
Fax Number : (239) 466-2866

2006 DEC 19 AM 8:58  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## XPRESS TRAVEL, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

LOK-120563  
92

Electronic Filing Menu

Corporate Filing Menu

EFFECTIVE DATE  
Help 12-15-06



December 15, 2006

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

JOSEPH A. TROIANO

SUBJECT: XPRESS TRAVEL, LLC  
REF: W06000053955

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline  
Document Specialist

FAX Aud. #: H06000294843  
Letter Number: 106A00071282

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TALLAHASSEE, FLORIDA

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06 DEC 19 AM 7:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314



December 15, 2006

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

JOSEPH A. TROIANO

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REF: W06000053955

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Tammi Cline  
Document Specialist

FAX Aud. #: H06000294843  
Letter Number: 106A00071282

P.O. BOX 6327 - Tallahassee, Florida 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** XPRESS SUN TRAVEL, 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:

JOSEPH A TROIANO, ESQ

(Name of Person)

JOSEPH A TROIANO, ESQ., P.A.

(Firm/Company)

12800 UNIVERSITY DRIVE

(Address)

FORT MYERS, FL 33907

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH A TROIANO

(Name of Person)

at ( 239 ) 482-3998

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

XPRESS SUN TRAVEL, 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:

15934 CUTTER COURT, FORT MYERS, FL 33908

#### Mailing Address:

15934 CUTTER COURT, FORT MYERS, FL 33908

### 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:

JOSEPH A TROIANO, ESQ

Name

12800 UNIVERSITY DRIVE

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

FORT MYERS, FL 33907

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.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EXPIRATION DATE  
12-15-06

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TALLAHASSEE, FLORIDA

**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:**

MGR

JOSEPH A TROIANO, ESQ

12800 UNIVERSITY DRIVE STE 380

FORT MYERS, FL 33907

MGRM

BRATTA GROUP, LLC

15934 CUTTER COURT

FORT MYERS, FL 33908

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12/15/2008

(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.)

**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.)

JOSEPH A TROIANO, ESQ

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)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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