# \_\_\_\_L07000046511

MOSaic Tro	avels LLC
(Requestor's Name)	
MOSAIC Travels LLC  (Requestor's Name)  12533 Brook Chase In  (Address)	
(Address)	
(Address)	41 0000
Golson VIII	41 32223
(City/State/Z	ip/Phone #)
PICK-UP V	VAIT MAIL
(Business Entity Name)	
ı	
· (Document Number)	
Certified Copies Ce	rtificates of Status
Special Instructions to Filing Off	icer:
_	
DB	



04/30/07--01040--018 \*\*125.00

O7 APR 30 PM 12: LL SECRETARY OF STATE

Office Use Only

# ARTICLES OF ORGANIZATION OF Mosaic Travels LLC

### **ARTICLE I - Company Name:**

.....

The name of the Company is: Mosaic Travels LLC.

## **ARTICLE II - Mailing Address**

The mailing address of this Company is:

12533 Brookchase Lane Jacksonville, Fl 32225

### **ARTICLE III - Street Address**

The street address of the principal office of the Company is:

12533 Brookchase Lane Jacksonville, Fl 32225

# **ARTICLE IV - Registered Agent**

The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

L'Tonya Horace

12533 Brookchase Lane Jacksonville, Fl 32225

#### **ARTICLE V - Management:**

The Company shall be managed by a Manager

Member: L'Tonya Horace

President

Date

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.

