

L0700054778

Florida Department of State
Division of Corporations
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Division of Corporations
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From:

Account Name : EXPRESS CORPORATE FILING SERVICE, INC.
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAY 23 AM 9:28

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

TRAVEL PREFERRED, LLC

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Certified Copy	1
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Estimated Charge	\$155.00

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May 23, 2007

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: TRAVEL PREFERRED, LLC
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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Deborah Bruce
Document SpecialistFAX Aud. #: H07000137286
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07 MAY 23 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

((H07000137286)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Travel Preferred, 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:

8762 NW 160 STREET
MIAMI LAKES FL 33018

Mailing Address:

P O Box 821701
South Florida, Fl. 33082

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:

Marla Abdel

Name

8762 NW 150 Street

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

Miami Lakes, Fl. 33018

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..

Marla Abdel
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

Maria Abdel

PO Box 821701

South Florida, Fl. 33082

MGRM

Michelle Peterssen

PO Box 821701

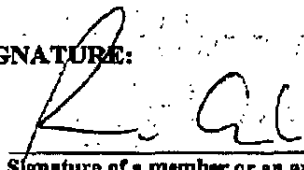
South Florida, Fl. 33082

(Use attachment if necessary)

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.)

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.)

Maria Abdel

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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