

LD8000024181

Florida Department of State
Division of Corporations
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*Attm:
Leslie*

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FLORIDA/FOREIGN LIMITED LIABILITY CO.

USA STUDY, WORK AND TRAVEL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

USA Study, Work and Travel, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

c/o Hugo Arza
3135 S.W. 3 Avenue, 1st Floor
Miami, FL 33129

Mailing Address:

c/o Hugo Arza
3135 S.W. 3 Avenue, 1st Floor
Miami, FL 33129

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:

Carlos E. Garcia CPA, P.A.

Name

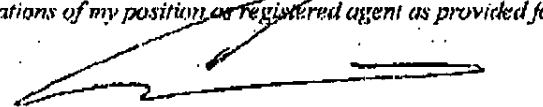
10691 N. Kendall Drive, Suite 301

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

Miami, FL 33176

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)

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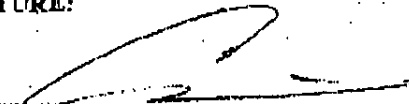
ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MORM" = Managing Member	
<u>MGRM</u>	Raul Diez Casaco Terry 10395 N.W. 41 Street, Suite 125 Doral, FL 33178
<u>MGRM</u>	Ralph Arza 7387 Watordance Way Lake Worth, FL 33487
<u>MGRM</u>	Juvenal Azouy 270 S.W. 133 Court Miami, FL 33184
<u>MGRM</u>	James Horne 215 South Monroe St. Suite 740 Tallahassee, FL 32301

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 28, 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.)

Carlos E. Garcia, CPA

Typed or printed name of signer

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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