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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

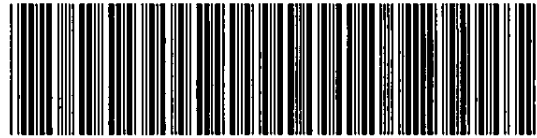
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T. CLINE

MAR 20 2008

EXAMINER

Nathan Lichter, C.P.A.

CERTIFIED PUBLIC ACCOUNTANT

1820 NE 163rd Street Suite 303
North Miami Beach, FL 33162

Tel: 305-956-3833

Fax: 305-956-3460

Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

March 17, 2008

RE: Request for LLC application for: Mediterranean Tours and Cruises, LLC

Dear Sir or Madam:

Pursuant to your instructions I have enclosed a check #8232 dated 3/17/2008 for \$155 for the filing fee and certified copy for the aforementioned LLC which we would like to organize in the State of Florida. I hope to receive your prompt approval response and documentation.

Thank you in advance.

Sincerely,

Nathan Lichter
Nathan Lichter

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Mediterranean Tours and Cruises, 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:

Nathan Lichter

(Name of Person)

(Firm/Company)

1820 NE 163rd Street Suite 303

(Address)

North Miami Beach, FL 33162

(City/State and Zip Code)

For further information concerning this matter, please call:

Nathan Lichter

(Name of Person)

at (305) 956-3833

(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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mediterranean Tours and Cruises, 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:

1820 NE 163rd Street Suite 303
North Miami Beach, FL 33162

Mailing Address:

1820 NE 163rd St. Suite 303
North Miami Beach, FL 33162

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:

Nathan Lichter

Name


1820 NE 163rd St. Suite 303

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

North Miami Beach FL 33162

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Nathan Lichter

1820 NE 163rd St. Suite 303

North Miami Beach, FL 33162

(Use attachment if necessary)

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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.)

NATHAN LICHTER

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)