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SECKETARY OF STATE
TALLAHASSEE. FLORIDA

D. BRUCE

MAY 0 9 2008

EXAMINER

- DATE 5-1-08

COVER LETTER

	tration Section on of Corporations				
SUBJECT:	ECRUISE.COM, LLC				
SOBSECT		d Liability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return al	ll correspondence concerning this matte	er to the following:			
EDV	VARD FARRELL				
	(Name of Person)			
	((Firm/Company)	_		
654	5 NOVA DR., STE. 20	06	SECO M		
		(Address)	AF Y		
DAV	/IÉ, FL 33317		SSET SET		
	(City	//State and Zip Code)	THE R		
For further info	ormation concerning this matter, please	call:	L; 26 L; 26 STATE FLORIDA		
Edward	Farrell	at (954) 475-4888	3		
	(Name of Person)	(Area Code & Daytime Teleph	one Number)		
Enclosed is a	check for the following amount:				
\$125.00 Filin	ng Fee \$\sum \\$130.00 Filing Fee & Certificate of Status	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 Circ Tallahassee, FL 32301	ile		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
ECRUISE.COM, LLC (Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liab	oility Company is
Principal Office Address:	Mailing Address:	
6545 NOVA DR., STE. 206 DAVIE, FL 33317	6545 NOVA DR., STE. 206 DAVIE, FL 33317	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	08 t
EDWARD FARRE	<u>LL</u>	HAY -8 PM 4:26 CORETARY OF STATE LAHASSEE, FLORIDA
Name		SSEE SSEE
6545 NOVA DR., \$		PR PR
DAVIE.	lress (P.O. Box <u>NOT</u> acceptable)	LORID L: 26
City, State, a	<u> </u>	A

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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	HOSSAM ANTAR
	19601 EAST COUNTRY CLUB DR., #30
	AVENTURA, FL 33180
MGR	ALEXANDRA MISSAGIA
	9660 VINEYARD CT.
	BOCA RATON, FL 33428
MGR	JENNIFER FELDMAN
	1321 CHENILLE CIRCLE
•	WESTON, FL 33327
MGR	EDWARD FARRELL
	1035 SPANISH RIVER RD., #201
	BOCA RATON, FL 33432

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 1, 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.)

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.)

Hossam Antar

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)