# 08000052061

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT MA	dL.
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	,
Special Instruction		

A. LUNT

MAY 2'7 2008

**EXAMINER** 

Office Use Only



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### **COVER LETTER**

TO: Registration Sec Division of Cor					
<sub>SUBJECT:</sub> Persona	al Vacation Planr	ners, LLC			
Sobober.	(Name of Limit	ed Liability Comp	any)		_
The enclosed Articles of G	Organization and fee(s) are	submitted for filin	g.		
Please return all correspon	ndence concerning this matt	ter to the following	<b>z</b> :	•	
Michael Ca	rney				
• .		(Name of Person)	# A		
Personal V	acation Planners	, LLC			
,		(Firm/Company)			
2737 NE 15	5th Street			SEC	2098
		(Address)		<b>AR</b>	YAH
Downson Bosch El 22062					NY 23
	(Cit	y/State and Zip Cod	e)		70 7
•				LS.	س ر
For further information concerning this matter, please call:				Ē	
Michael Carney		_at (_305	, 450-9287		_ `
(Name o	f Person)	(Area Coo	le & Daytime Telep	phone Number)	
Enclosed is a check for	the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filir Certified Co (additional cop	ру	\$160.00 Filing 1 Certificate of St Certified Copy (additional copy is	atus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Registrat	ourier Address ion Section of Corporations Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

### ARTICLESOFORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Personal Vacation Planners, LLC					
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is				
Principal Office Address:	Mailing Address:				
2737 NE 15th Street	2737 NE 15th Street				
Pompano Beach, FL 33062	Pompano Beach, FL 33062				
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:  Michael Carney  Name  2737 NE 15th Street  Florida street address (P.O. Box NOT acceptable)  Pompano Beach, FL 33062  City, State, and Zip					
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ecept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of al fornunce of my duties, and I am familiar with and tored agent as provided for in Chapter 608, F.S				

(CONTINUED) Page1of2

## **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 Michael Carney 2737 NE 15th Street Pompano Beach, FL 33062 (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.)

Michael Carney

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)