

L08000000531

p.1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000242888 3)))



H080002428883ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 OCT 24 AM 9:54

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

TRIP ILLUSIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

A. LUNT

OCT 27 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
08 OCT 24 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H-08000242888-3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

TRIP ILLUSIONS, LLC

ARTICLE II ADDRESS

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

5100 BURCHETTE ROAD, SUITE 1405

TAMPA, FLORIDA 33647

The mailing address of the Limited Liability Company is:

PO BOX 46536

TAMPA, FLORIDA 33646

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

ELVIS RODRIGUEZ

5100 BURCHETTE ROAD, SUITE 1405

TAMPA, FLORIDA 33647

Having been named as registered agent 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.

X 
ELVIS RODRIGUEZ / Registered Agent's signature

2008 OCT 24 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H-08000242888-3

H.080002428883

PAGE 2

TRIP ILLUSIONS, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

ELVIS RODRIGUEZ

PO BOX 46536

TAMPA, FLORIDA 33646

MANAGING MEMBER

RICHARD SANTOS

PO BOX 46536

TAMPA, FLORIDA 33646

2008 OCT 24 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

.....
x Elvis Rodriguez

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.

ELVIS RODRIGUEZ

H.080002428883