1290001956

(Req	uestor's Name)			
(Address)				
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(City)	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Nar	me)		
(Doce	ument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Fi	iling Officer:			

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G. MCLEOD

JAN 26 2009

EXAMINER



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01/23/09--01041--016 **125.00

09 JAN 23 AMII: 51

SECRETÁRY OF STATE DIVISION OF CORPORATION

COVER LETTER

Registration Section

TO:

Division of Co	rporations			
_{SUBJECT:} Drake	World Wide Trave	el LLC		
	(Name of Limit	ted Liability Con	npany)	
The enclosed Articles of	Organization and fee(s) are	submitted for fil	ing.	
Please return all correspondent	ondence concerning this mat	ter to the follow	ng:	
Nancy B. [Orake	•		
		(Name of Person)		
Drake Wo	rld Wide Travel L			
		(Firm/Company)		
1105 Grov	eland Avenue			
		(Address)		
Venice, FL	. 34285			
	(Cit	ty/State and Zip Co	xde)	
For further information of	concerning this matter, pleas	e call:		
Nancy B. Drake	Э	_ _{at} _941	_ ₎ 496-512	<u>.</u> 1
(Name	of Person)	(Area C	ode & Daytime Tel	ephone Number)
Enclosed is a check for	r the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Fill Certified Conditional of	_	\$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	Registr Divisio Clifton 2661 E	Courier Address ation Section on of Corporations Building Executive Center Cassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company	y is:		
Drake World Wide 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	ne principal office of the Limited Liability Co	mpany	/ is:
Principal Office Address:	Mailing Address:		
1105 Groveland Avenue	1105 Groveland Avenue		
Venice, FL 34285	Venice, FL 34285	_	
	ered Office, & Registered Agent's Signatur Registered Agent. You must designate an individual or anoth		SEIVIO
The name and the Florida street address of t	the registered agent are:	JAN	SION
Nancy B. Drake		\sim	
N	ame	ယ	글짓
1105 Groveland A	Avenue	##:	77. 77.
Florida stree	et address (P.O. Box NOT acceptable)		25

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)

City, State, and Zip

Venice, FL 34285

(CONTINUED)
Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Nancy B. Drake
·	
(Use attachment if necessary)	
CLEV: Effective date if other than the	date of filing: (OPTIONAL)
effective date is listed, the date must b	e specific and cannot be more than five business days pr
90 days after the date of filing.)	
REQUIRED SIGNATURE:	
Dane	uBhrile
Signature of a membe	er of an authorized representative of a member.

Nancy B. Drake

that the facts stated herein are true.)

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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)