

L09000096822

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2009 OCT - 7 PM 1:41

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B. KOHR

OCT - 7 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 148590 5490A

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 125.00

ORDER DATE : October 7, 2009

ORDER TIME : 11:38 AM

ORDER NO. : 148590-005

CUSTOMER NO: 5490A

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT 17 11 37 AM '09

DOMESTIC FILING

NAME: TRAVEL - BEEN THERE DONE THAT,
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Travel - Been There Done That, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

215 SE 12th Avenue

Ft. Lauderdale, Florida 33301

Mailing Address:

215 SE 12th Avenue

Ft. Lauderdale, Florida 33301

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:

F. Ronald Mastriana, Esq.

Name

1500 North Federal Highway Suite 200

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

Ft. Lauderdale

FL 33304

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..

F. Ronald Mastriana, Esq.

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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:

MGMR

Peter Langone

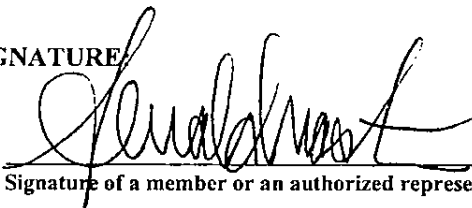
215 SE 12th Avenue

Ft. Lauderdale, Florida 33301

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 7, 2009. (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.)

By: F. Ronald Mastriana, Esq.

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)