## L1000013729

(Requestor's Name)  (Address)		200167301762
(City/State/Zip/Phone #)	-	
(Business Entity Name)  (Document Number)	<b>-</b>	,
Certified Copies Certificates of Status	- -	PECELV DEPARTMENT OF CORP. 2010 FEB -5 A TO ACKHOWLE SUFFICIENCY OF
Special Instructions to Filing Officer:	EF	FECTIVE DATE 2 4 2010
Office Use Only	] ,	PALED SECRETARY OF STATES OF FEB - 5 PM 1:

FEB - 5 2010

XAMINER



	ACCOUNT NO. :	I200000	00195	
	REFERENCE :	275601	7518993	
AU	THORIZATION:	Bolen	an	6 SINTS
<b></b>	COST LIMITY.	\$ 125.00 	0	£ 837
ORDER DATE :	February 4, 2			
ORDER TIME :	4:48 PM		•	
ORDER NO. :	275601-005		EFFECTIVE DAT	E 242010 5
CUSTOMER NO:	7518993		ļ	T II
	DOMESTIC I	FILING		
NAME:	VOYAGER, I	LLC		
XX ARTICL	ES OF ORGANIZA	ATION		
PLEASE RETURN	THE FOLLOWING	3 AS PROOI	F OF FILING:	

EXAMINER'S INITIALS:

CONTACT PERSON: Kimberly Moret - EXT. 2949

## EFFECTIVE DATE 242010

ARTICLES OF O	RGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Nan The name of the Lin	ne: mited Liability Company	r is:		
(Mu	Voyage	er, LLC Liability Company," "L.U.C.," or "ULC.")		
ARTICLE II - Ad	<b>3</b>			
		e principal office of the Limited Liability Company is:		
Principal Office Address:		Mailing Address:		
3301 Lakeside Ci Parrish, FL 34219		3301 Lakeside Circle Parrish, Fl. 34219		
(The Limited Liability Co business entity with an a	egistered Agent, Registe mpany cannot serve as its own R ctive Florida registration.) lorida street address of the	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:		
	Eric C. Fleming			
	Name			
	811-b Cypress Village Blvd.			
	Florida street address (P.O. Box NOT acceptable)			
	Ruskin FL, 33573 FI.			
	City, Sta	te, and Zip		
liability compan registered agent an statutes relating to	y at the place designated d agree to act in this cape o the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S		

Page 1 of 2 (CONTINUED)

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	Joseph A. Pascarella
	3301 Lakeside Circle Parrish, FL 34219
,	
(Use attachment if necessary)	
TICLE V: Effective date, if other than n effective date is listed, the date mu 90 days after the date of filing.)	n the date of filing: 02/04/2010 (OPTIONAL) ast be specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	. 07
5	- 0 - 3/4
Signature of a me	ember or an authorized representative of a member.
of this document	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury and herein are true.)
	Eric C. Fleming. Esq.
Filing Fees:	Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)