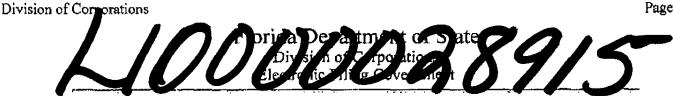
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ARAZOZA & FERNANDEZ

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-

Account Number : 076624003440

Phone

: (305)444-6226

Fax Number

: (305)442-4829

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# FLORIDA LIMITED LIABILITY CO. TOURISMOTION LLC.

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D. BRUCE

MAR 16 2010

**EXAMINER** 

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## **ARTICLES OF ORGANIZATION**

### OF

### TOURISMOTION LLC

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

# ARTICLE I

The name of this Limited Liability Company is TOURISMOTION LLC.

# ARTICLE II GENERAL NATURE OF BUSINESS The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida. ARTICLE III TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

# ARTICLE IV ADDRESS

The principal office and mailing address of this Limited Liability Company in the State of Florida is 200 WEST MCINTYRE ST, KEY BISCAYNE FL 33149. The Board of Managers may from time to time move the principal office to another address in Florida.

# ARTICLE V REGISTERED OFFICE, REGISTERED AGENT

That TOURISMOTION LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

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## ARTICLE VI MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The Initial Manager shall be:

JOSE MARIA BESTEIRO CABANAS of 200 WEST MCINTYRE ST, KEY BISCAYNE FL 33149

WITNESS the hand and Florida, the 15 th day of Marc	seal	l of the Manager in Miami-Dade County, 1 010	State o	of
		By: 190		
		JOSE MARIA BESTEIRO CABANAS		
		Manager	원 <b>ਰ</b>	
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STATE OF FLORIDA	)	<b>38</b> : ຜູ້	計 系	
COUNTY OF MIAMI-DADE	/ 3	ORIDA	۲۲. ۲. ن	ر
COOK 1 OF WILAMI-DADE	,	ŝ	્ર ક <b>દ</b>	
		>	. —	

PERSONALLY appeared before me, JOSE MARIA BESTEIRO CABANAS, as Manager, for and on behalf of the Company, who is personally known to me, who being by me first duly sworn, acknowledges that he signed the same for the purposes therein expressed.

WITNESS my hand and seal at Miami-Dade County/Florida this 15 th day of March, 2010

NOTARY PUBLIC STATE OF FLORIDA

Laura Kohn

Commission #DD770888

Expires: MAY 16, 2012

SUNDED THE ATSANTIC BONDING CO., INC.

NOTARY PUBLIC STATE OF FLORIDA AT LARGE

My commission expires:

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That TOURISMOTION LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, has named ARAZOZA & FERNANDEZ-FRAGA P.A., as its Agent, of 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134, to accept service of process within Florida.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

ARAZOZA & FERNANDEZ-FRAGA P.A.

Carlos F. Arazoza

Director,

March 12 , 2010

TO MAR 15 AM 9: 40
SECKETARY OF STATE
ALLAHASSEE, FLORIDA