L10000137979

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to F	Filing Officer:	
W10-14	1432	
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D. BRUCE

APR 8 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2010

G. LYNN CLOYED JR. P.O. BOX 859 CRYSTAL BEACH, FL 34681

SUBJECT: ISLAND TIME TRADING COMPANY / TRAVEL DIVISION LLC

Ref. Number: W10000014432

We have received your document for ISLAND TIME TRADING COMPANY / TRAVEL DIVISION LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Letter Number: 610A00007136

Deborah Bruce Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration S Division of Co		
SUBJECT: IS	and Tine Tra	ding Company Travel Division ed Liability Company
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.
Please return all corresp	oondence concerning this mat	ter to the following:
	J. Lynn Cloy	Name of Person
Isla	ind Time Trad	ing Company Travel Division
P	0.30x 859	
		Address
(Zrystal Beach,	FL 34C81 y/State and Zip Code
	E-mail address: (to be used to	neeyahoo.com or future annual report notification)
For further information	concerning this matter, please	
G. Lynn Name	Cloyed Jr.	at (727) 786 · 2954 Area Code & Daytime Telephone Number
Enclosed is a check for	or the following amount:	
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$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	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Island Time Tracking Company Travel Division L-C

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

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

G. Lynn Cloyed Jr.

1539 Michigan Ave
Florida street address (P.O. Box NOT acceptable)

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

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

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

business entity with an active Florida registration.)

The name of the Limited Liability Company is:

Palm Harbor, FL 34683				
City, State, and Zip				
Having been named as registered agent and to accept service of process for the about liability company at the place designated in this certificate, I hereby accept the appreciate agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am factorized the obligations of my position as registered agent as provided for in Chaptana accept the obligations of my position as registered agent as provided for in Chaptana accept the obligations.	ppointment as e provisions of al amiliar with and			
Pagistaled Agent's Signature (REQUERED)				
liability company at the place designated in this certificate, I hereby accept the apregistered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am face	ppointment as e provisions of al imiliar with and			

(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:

Title: "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Member	G. Lynn Cloyed Jr.
· 	
-	
(Use attachment if necessary)	•
CLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	he date of filing: (OPTIONAL) be specific and cannot be more than five business days p
REQUIRED SIGNATURE:	
Signature of a mem	you de la member.
(In accordance with soft this document conthat the facts stated I	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee