L.1.0000099561

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Casanoos 2)				
(Document Number)				
Certified Copies Certificates of Status				
Special instructions to Filing Officer:				

Office Use Only



600185420626

09/22/10--01005--013 **125.00

FILED
2010 SEP 22 PM 1:45

J. SAULSBERRY EXAMINER SEP **2 3 2010**

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Towist Capital, LC Name of Limited Liability Company	
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Subhi Dabbah	
Name of Person	
Firm/Company	
·	
4831 Old tatina Way	
Address	1
Orlando, FC 32832 City/State and Zip Code	2016
City/State and Zip Code	SE
E-mail address: (to be used for future annual report notification)	\display \chi \display \qua
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	[] 골
	SEP 22 PM 1: 45
Name of Person at (321) 217 - 7656 Area Code & Daytime Telephone Number	<u></u> 20
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$ \$155.00 Filing Fee \$\ \text{Certificate of Status}\$ \$\ \text{Certificate of Status}\$	
(additional copy is enclosed) Certified Copy (additional copy is	
Mailing Address Street/Courier Address	
Registration Section Registration Section Division of Corporations Division of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	1e:		
The name of the Li	mited Liability Company is:		
Touri	- 1	C	
(Mu	st end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add	dress:		
		incipal office of the Limited I	Liability Company is:
_	·	•	
Principal Office A		Mailing Address:	
8001 S. Oro Orlando, FC	Blosson Fail	9831 Old Pati Orlando, FL 32	na Way 832
(The Limited Liability Co		Office, & Registered Agent cred Agent. You must designate an ind	
The name and the F	lorida street address of the r	egistered agent are:	201 ACL
	Subhi [Dabbah	F II. 2010 SEP 22 CLAHASSE
	Name		SS 2
	9831 Old Pat	ina Way	E FE S
	Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	
	Orlando,	FL 32832	: 45
	City, Sta	ite, 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.

Registered Agent's Signature (REQUIRED)

(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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: __ _. (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.) bhi Dallah 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)