L11000030827

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

Office Use Only



500196708975

03/11/11--01042--010 **130.00

EFFECTIVE DATE 3 8 2011

SECRETARY OF STATE OF CORPORATION

B. KOHR

MAR 1 4 2011

EXAMINER

COVER LETTER EFFECTIVE DATE

TO: Registration Section **Division of Corporations** Life To Travel, LLC

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: Firm/Company 32751 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount:

\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee &

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

Certificate of Status

Street/Courier Address

\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

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

\$160.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

150

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CO

ARTICLE I - Name:

The name of the Limited Liability Company is:

ONE LIFE TO TRAVEL, LLC." or "LLC.")

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

ARTICLE II - Address:

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

Lake Shedow Circle	A
4303	¥С
1	4303 Hand, Fl32751

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:

Nishat Azam
Name
1175 Lake Shadon Cicle, Unit 4303. Florida street address (P.O. Box NOT acceptable) Maitlad FL 32751
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..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Nishat Azam 1175 Lake Shadow Code, Unit 430 Maitland, Tr. 32751
Mak	Michael G. Snytkin 1175 Lake Shaden Cirle, Unit 4303 Maitland, Tr. 32751
(Use attachment if necessary)	
CLE V: Effective date, if other that ffective date is listed, the date mu	In the date of filing: $3/8/11$. (OPTIONAL) ust be specific and cannot be more than five business days prior
CLE V: Effective date, if other that effective date is listed, the date multiple of days after the date of filing.) REQUIRED SIGNATURE:	n the date of filing: 3/8///

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)