

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000134750 3)))



H110001347503ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160

: (800)494-3124

Phone Fax Number

: (561)455-9885

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

Central Florida Travel and Tours, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

MAY 1 9 2011

Electronic Filing Menu Corporate Filing Menu

Help

11 MAY 18 AM 9: 89
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

<u>ARTICLE I NAME</u>

The name of the Limited Liability Company is:

CENTRAL FLORIDA TRAVEL AND TOURS, L.L.C.

ARTICLE II ADDRESS

The principal office of the Limited Liability Company is:

8617 HONOLULU DRIVE ORLANDO, FLORIDA 32818

The mailing address of the Limited Liability Company is:

PO BOX 680633 ORLANDO, FLORIDA 32860

ARTICLE III REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

SABRINA WARE 8617 HONOLULU DRIVE ORLANDO, FLORIDA 32818

Having been named as registered agent 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.

SABRINA WARE / Régistered Agent's signature

H11000134750 3

H11000134750 3

PAGE 2 CENTRAL FLORIDA TRAVEL AND TOURS, L.L.C.

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER ANTWAN NELSON PO BOX 680633 ORLANDO, FLORIDA 32860

MANAGING MEMBER

PO BOX 680633 ORLANDO, FLORIDA 32860

SABRINA WARE

MANAGING MEMBER

DAVID BYNES

PO BOX 680633

ORLANDO, FLORIDA 32860

MANAGING MEMBER

TODD BARNES

PO BOX 680633

ORLANDO, FLORIDA 32860

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.

SABRINA WARE