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To:

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Account Name : CSH SERVICES, LLC
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**FLORIDA LIMITED LIABILITY CO.
SKY MASTER TRAVEL & TOURS LLC**

Certificate of Status	0
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EXAMINER

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

SKY MASTER TRAVEL & TOURS LLC

ARTICLE II ADDRESS

The principal office of the Limited Liability Company is:

14951 SW 160TH STREET
MIAMI, FLORIDA 33187

The mailing address of the Limited Liability Company is:

PO BOX 835393
MIAMI, FLORIDA 33283

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &

REGISTERED AGENT SIGNATURE

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

RANDA BASNA
14951 SW 160TH STREET
MIAMI, FLORIDA 33187

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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.

X

R. Basna
RANDA BASNA / Registered Agent's signature

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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
RANDA BASNA
PO BOX 835393
MIAMI, FLORIDA 33283

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TALLAHASSEE, FLORIDA

.....
X 
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.

RANDA BASNA

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