

✓  
L2 0001 37830

\_\_\_\_\_  
(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



500241217795

10/29/12--01038--006 \*\*125.00

EFFECTIVE DATE 11-19-12

FILED

12 OCT 29 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
OCT 30 2012  
EXAMINER

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: TNG Travel, L.L.C.

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:

Regina G. Lockett

Name of Person

TNG Travel, L.L.C.

Firm/Company

2040 Foxtail View Court

Address

West Palm Beach, Florida 33411

City/State and Zip Code

regina.lockett@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Regina Lockett

at (

561

262-6411

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
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

FILED  
12 OCT 29 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

TNG Travel, L.L.C.

(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:

### Principal Office Address:

2040 Foxtail View Court  
West Palm Beach, Florida  
33411

### Mailing Address:

2040 Foxtail View Court  
West Palm Beach, Florida  
33411

## 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:

Regina G. Lockett

Name

2040 Foxtail View Court

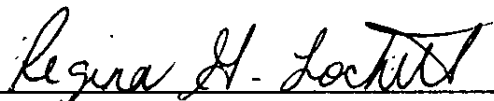
Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach, 33411  
FL

City, State, and Zip

FILED  
12 OCT 29 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

**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" = Managing Member

**Name and Address:**

MGR

Regina G. Lockett

2040 Foxtail View Court

West Palm Beach, Florida 33411

MGRM

Thomas E. Lockett

2040 Foxtail View Court

West Palm Beach, Florida 33411

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: November 19, 2012. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Regina G. Lockett

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)

FILED  
12 OCT 29 PM 2:59  
STATE OF FLORIDA  
TALLAHASSEE