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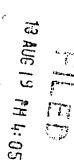
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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D. BUTLER

COVER LETTER

TO:	Registration S Division of Co						
SUBJE	CT. Jour	neys Thru Ital	y, L.L.C). .		المنافعة ا	Tet
SOLUE	· · · · · · · · · · · · · · · · · · ·		ed Liability Con				3 AUG
The enc	losed Articles o	f Organization and fee(s) are s	submitted for fili	ing.			Ju
Please r	eturn all corresp	ondence concerning this matt	er to the followi	ng:		1 " -1 "	7
_	Pamela	J. Mattia				1	- 4: UU
_			Name of Person			30 E	
<u>.</u>	Journey	ys Thru Italy, I	L.L.C.				<u></u>
			Firm/Company				
į	8119 R	egents Court					
_			Address				
	Univers	ity Park, Flori	da 3420	01			
		······································	y/State and Zip Co				
<u>j</u>	ourneysth	ruitaly@gmail.co					
	,	E-mail address: (to be used t	for future annual r	eport notificatio	n)		
For furt	her information	concerning this matter, please	call:				
Par	nela J.	Mattia	941	√358-	8100		
	Name	of Person		ode & Daytime	Felephone Number	er	
Enclose	ed is a check for	or the following amount:					
□\$125.0	00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fi Certified ((additional c	•) Certified	te of Statu	ıs &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registi Divisio Cliftor 2661 E	/Courier Addiration Section on of Corporate Building Executive Centers 3230	ions er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Con	npany is:	
Journeys Thru Italy, L.L.C.		
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	s of the principal office of the Limited Liability Com	i ianvis:
<i></i>		5
Principal Office Address:	Mailing Address:	
0440 Barrata Oc. 4) فا إسمارسو
8119 Regents Court	8119 Regents Court	
University Park, Florida 34201	Offiversity Park, Florida 34201	The gramm
- Settler		OS OS
ARTICLE III - Registered Agent R	egistered Office, & Registered Agent's Signature:	
	s own Registered Agent. You must designate an individual or another	
business entity with all active Piolida registration	•,	
The name and the Florida street addre	ss of the registered agent are:	
Pamela J. Mattia		
	Name	
8119 Regents Court		
Florid	ia street address (P.O. Box NOT acceptable)	
University P	ark, _{FL} , 34201	
	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..

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(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:

		Pamela J. Mattia	
	1	8119 Regents Court	
		University Park, FL 34201	
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(Use attachment if	necessary)		
(Ose attachment if	iecessary)		
LE V: Effective da	te, if other than the o	date of filing: (OPTIO	NAL)
	ed, the date must	be specific and cannot be more than five business	
	e date of filing.)		
o or 90 days after th			
	·		

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.)

> Pamela J. Mattia 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)