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FAX No.

P. 001

Division of Corporations

Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**FLORIDA LIMITED LIABILITY CO.
VOYAGES PERSONALIZED TRAVEL LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

J. SAULSBERRY
EXAMINER

OCT 7 2013

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

ARTICLE I

The name of the Limited Liability Company is:

VOYAGES PERSONALIZED TRAVEL LLC

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

ARTICLE II

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

**Principal Office Address:
5008 SW 141 AVE
MIRAMAR, FL 33027**

**Mailing Address
5008 SW 141 AVE
MIRAMAR, FL 33027**

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TALLAHASSEE, FLORIDA

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:

R&P ACCOUNTING & TAXES INC

Name

150 S.E 2ND AVE SUITE 1110

Florida Street address (P.O. Box NOT acceptable)

MIAMI, FL 33131

FL 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

X-----

Registered Agent's Signature (REQUIRED)

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ARTICLE IV

Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title:

VOYAGES PERSONALIZED TRAVEL LLC

RICARDO J PELLEGRINI.
5008 SW 141 AVE
MIRAMAR, FL 33027

MANAGER MEMBER

PAULA R CIONE
5008 SW 141 AVE
MIRAMAR, FL 33027

MANAGER MEMBER

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ARTICLE V

*Effective date, if other than the date of filing (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.

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*(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.)*

RICARDO J PELLEGRINI

Typed or printed name of signee