L14000141350

(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

600263700506

09/09/14--01006--008 **155.00

SEP 10 2014
J. HARRIS

RECEIVED
DEPARTMENT OF STATE
14 SEP -9 AM 11:16

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP -9 AM 10:59

CT

September 9, 2014

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9269315 SO
Customer Reference 1: 154739.01000
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

APEX TRAVELWARE, LLC (FL)
Formation
Florida

APEX TRAVELWARE, LLC (FL)
Cert Copy of Articles of Org
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

ARTICLES OF ORGANIZATION

FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – NAME: The name of the limited liability company is APEX TRAVELWARE, LLC (the "**Company**").

ARTICLE II – ADDRESS: The mailing address of the principal office of the Company is 12509 SW 122nd Court, Miami, Florida 33186. The street address of the principal office of the Company is 12509 SW 122nd Court, Miami, Florida 33186.

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE: The name and the Florida Street address of the Company's registered agent are:

NRAI Services, Inc.
1200 South Pine Island Road
Plantation, Florida 33324

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 in Chapter 605, Florida Statutes.

NRAI Services, Inc.

By: Michele Holden, Asst. Sec.

ARTICLE IV – The name and address of each person authorized to manage and control the limited liability company are:

Title	Name and Address
Manager	Shibing Yu 337 Fumin Road, Building 4 Dongzha Economic Development Zone Jiaxing, Zhejiang Province China 314050

[Signature on following page]

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP -9 AM 10:59

REQUIRED SIGNATURE:

Shibing Yu

Shibing Yu, member or an authorized representative of member

(In accordance with section 605.0203 (1) (b), 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.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP -9 AM 10:59