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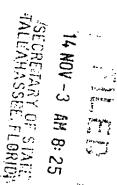
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COVER LETTER

TO:	Registration Section Division of Corporations		,	•
SUBJ	ECT: SoundTravels.LLC	Name of Limited Liabilit	y Company	
The en	closed Articles of Organization	and fee(s) are submitted	for filing.	
Please	return all correspondence conc	erning this matter to the fo	ollowing:	
	Sandra Mendolera	Name of F	Person	
	SoundTravels,LLC			
	COMINITION	Firm/Con	npany	
	7522 Cordoba Circle	Addre	ss	
	Naples, Florida 34109	City/State and	Zip Code	
_js	mendo9@att.net E-mail addre	ss: (to be used for future a		ation)
For fu	ther information concerning the	is matter, please call:		
Sand	a Mendolera Name of Person	at (<u>440</u>) Area Code	570-5914	lephone Number
•			Daytine 10	repriorie rearries.
Enclos	ed is a check for the following	amount:		
3 \$125.0	00 Filing Fee	of Status Certifie) Filing Fee & · · d Copy I copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Positivation Section		Street/Courier Add	ress
	Registration Section Division of Corpora		Registration Section Division of Corpora	tions

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
SoundTravels.LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7522 Cordoba Circle Naples. Fi 34109	7522 Cordoba Circle Naples.Fi 34109
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	gent are:
Sandra Mendolera Name	
7522 Cordoba Circle Florida street address (P.O. Box N	NOT acceptable)
Naples	FL 34109
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at he appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance tations of my position as registered agent as provided for in 605, F.S
Registered Agent's Signatur	
(CONTINUE) Page 1 of 2	SSEC AN AN

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