

L15000085980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

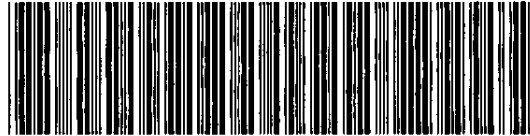
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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300272339793

05/01/15--01023--022 \*\*125.00

EFFECTIVE DATE 5-11-15

FILED

2015 MAY 14 P 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature/initials*

5 15 15  
TSCHROEDER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 6, 2015

NATHALIE LUND  
25034 ALBIA AVE  
SORRENTO, FL 32776

SUBJECT: INTERNATIONAL TRAVEL CONSULTANT LLC.  
Ref. Number: W15000032065

RECEIVED  
15 MAY 14 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for INTERNATIONAL TRAVEL CONSULTANT LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L05000072744 (INTERNATIONAL TRAVEL CONSULTANTS, LLC).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Terri J Schroeder  
Regulatory Specialist II

Letter Number: 015A00009421

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** INTERNATIONAL TRAVEL CONSULTANT 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:

NATHALIE LUND

Name of Person

I. T. C. LLC.

Firm/Company

25034 ALBIA AVE

Address

SORRENTO, FL 32776

City/State and Zip Code

NATHALIELUND @ AOL.COM

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

For further information concerning this matter, please call:

NATHALIE LUND at (352) 9883056

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

EFFECTIVE DATE 5.11.15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLOBAL  
~~INTERNATIONAL~~ TRAVEL CONSULTANT <sup>α SPECIALIST</sup> LLC.

(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:

25034 ALBIA AVE  
SORRENTO, FL 32776

Mailing Address:

25034 ALBIA AVE  
SORRENTO, FL 32776

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.)

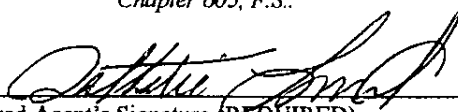
The name and the Florida street address of the registered agent are:

NATHALIE LUND  
Name

25034 ALBIA AVE  
Florida street address (P.O. Box **NOT** acceptable)

SORRENTO FL 32776  
City 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 605, F.S..

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2015 MAY 14 P 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

**Name and Address:**

NATHALIE LUND  
25034 ALBIA AVE  
SORRENTO, FL 32776

JOHN LUND  
25034 ALBIA AVE  
SORRENTO, FL 32776

(Use attachment if necessary)

05-11-2015

**ARTICLE V:** Effective date, if other than the date of filing: 05-27-2015 (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a 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.)

NATHALIE LUND

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)