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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 665429 8019468 AUTHORIZATION : COST LIMIT : ORDER DATE : June 11, 2015 ORDER TIME : 12:07 PM ORDER NO. : 665429-005 CUSTOMER NO: 8019468 DOMESTIC FILING NAME: PASSPORT TODAY, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

COVER LETTER

	egistration Sivision of Co				
SUBJECT		oday, LLC			
30000001		Name of Li	mited Liabilit	у Сотрапу	
The enclose	ed Articles of	Organization and fee(s) a	re submitted f	or filing.	
Please retur	n all correspo	andence concerning this m	atter to the fo	llowing:	
	Val Darby				
			Name of F	erson	
	Marc Assoc	iates			
			Firm/Con	ірапу	
	601 N. Lois	Avc.			
			Addre	SS	
	Tampa, FL	33609	•		
		(City/State and	Zip Code	
r	narcassociate	esval@aol.com			
***	I	E-mail address: (to be used	d for future an	nual report notificati	on)
For further in	ıformation co	ncerning this matter, pleas	se call:		
	Cyndy Beard	len 8 at (113	830-9103	
•	Nam		· · · · · · · · · · · · · · · · · · ·	Daytime Telephon	e Number
Enclosed is	a check for t	he following amount:			
\$125.00 Fil	ling Fee	\$130.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & d Copy 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 Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Passport Today, I	LC.			•
(Must e	nd with the words "Limite	ed Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal	office of the Limited L	liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Add	dress:
601 N. Lois Ave.		601 N	. Lois Ave.	
Tampa, FL 33609		Tamp	a, FL 33609	
			· · · · · · · · · · · · · · · · · · ·	
nother business entity with a	_	d agent are:		To S
	1201 11 84	Name		
	Florida street addre	ss (P.O. Box <u>NOT</u> acc	ventable)	
			•	
	Tallahassce	Florida	32301	
	City	State	Zip	7
iving been named as registers ace designated in this certifica- ther agree to comply with the	ate. I hereby accept the app provisions of all statutes to obligations of my position	nointment as registered relating to the proper d	l agent and agree to ac ind complete performa provided for in Chapt	t in this capacity. I nce of my duties, and I

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Elton D. Marcus
HOR	601 N. Lois Ave.
	Tampa, FL 33609
AMBR	Cyndy S. Bearden
	601 N. Lois Ave.
	Tampa, FL 33609
· · · · · · · · · · · · · · · · · · ·	
EV: Effective date, if other than the ctive date is listed, the date must be	date of filing: 6/11/2015 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 de
ctive date is listed, the date must b f filing.)	e specific and cannot be more than five business days prior to or 90 de not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the ective date is listed, the date must be filling.) the date inserted in this block does nent's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 de not meet the applicable statutory filing requirements, this date will not be
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