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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	

Office Use Only

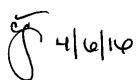
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# **COVER LETTER**

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TO: Registration Section Division of Corporations	TRAVEL
SUBJECT: FRAN	TORZ W LLC ame of Limited Liability Company
The enclosed Articles of Organization an	
Please return all correspondence concern	
FRANCE	5 Ihorz
	Name of Person
FRAN	Thorzalle
l me t	Firm/Company
6568	Hermosa Beach have
	Address
Dela	AY Beach, FL 33446
- francis	City/State and Zip Code  Costnastetravel. Com
E-mail address: (	to be used for future annual report notification)
For further information concerning this ma	
to and the	m G11 1100-1771
Name of Person	Area Code Daytime Telephone Number
Name of Ferson	Area Code Daytime receptione Number
Enclosed is a check for the following am	ount:
\$125.00 Filing Fee \$130.00 Filing Certificate of	Status Certified Copy Certificate of Status &  (additional copy is enclosed) Certified Copy
	(additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporatio P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	ho P
& You have my	check.
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# FLORIDA DEPARTMENT OF STATE Division of Corporations

FILED

16 APR - I FM 3-26

SECRETARY OF STATE
LALLMASSIE, FLORIDA

March 17, 2016

FRANCES THORZ 6568 HERMOSA BEACH LANE DELRAY BEACH, FL 33446

SUBJECT: FRAN THORZ TRAVEL LLC

Ref. Number: W16000020203

We have received your document for FRAN THORZ TRAVEL 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 document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

You must type the complete/legal name of the individual(s) signing the document in each signature block.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 416A00005575

6 APR -1 AN IO 12

www.sunbiz.org

# EFFECTIVE DATE 04/15/14

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 APR - 1 PH 3. 26

TRAN TWORZ RAVEL SECRETARY OF STATE

(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:	Mailing Address:
HH15 Shen DAN ST.	4568 Hermone A Rocalla
Holly Wood FL	Deray Beach, E Lack M
1 33021	38441

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:

FRANCES THORZ

Name

6568 Hermosh Beach Lane

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

Devay Boach, H 33446

City State 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)

Page 1 of 2

"MGR" = Manager MGR T = Manager FRANCES Thorz	ttachment if necessary)  Effective date, if other than the date of filing:  Indeed is listed, the date must be specific and cannot be more than five business days prior to or 90 days.  Indeed is listed, the date must be specific and cannot be more than five business days prior to or 90 days.  Indeed in this block does not meet the applicable statutory filing requirements, this date will not be 1 effective date on the Department of State's records.  Other provisions, if any.  IRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  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.  Typed or printed name of signee  Filling Fees;  Of Filling Fee for Articles of Organization and Designation of Registered Agent of Certificate Copy (Optional)  Of Certificate of Status (Optional)	Title: "AMBR" = Authorized Member	Name and Address:		
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:  Lective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day filing.)  It does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  E. VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member or an arthorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Typed or printed name of signee  Eiling Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	ttachment if necessary)  Effective date, if other than the date of filing:  In the inserted in this block does not meet the applicable statutory filing requirements, this date will not be leffective date on the Department of State's records.  Other provisions, if any.  IRED SIGNATURE:  Signature of a member or an arthorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Typed or printed name of signee  Filing Fees:  00 Filing Fee for Articles of Organization and Designation of Registered Agent 00 Certificate of Status (Optional) 00 Certificate of Status (Optional) 00 Certificate of Status (Optional)	"MGR" = Manager	<del></del>	- <del></del>	_
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ARTICLE IV-