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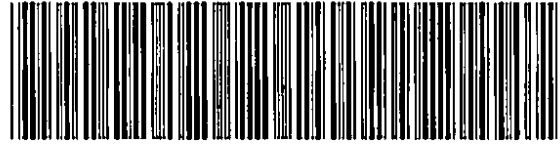
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JAN 25 2019  
JAN 25 2019

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: TRAVEL TECH GO, LLC.

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:

D. RICHARD CASTELLANO

Name of Person

TRAVEL TECH GO, LLC.

Firm/Company

234 AUSTRALIAN AVE., UNIT-B

Address

PALM BEACH, FL 33480

City/State and Zip Code

DRICHC @ GMAIL.COM

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

For further information concerning this matter, please call:

D. RICHARD CASTELLANO at ( 518 ) 796-9011

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

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLE I - Name:**

TRAVEL TEC 60, LLC.

234 AUSTRALIAN AVE  
UNIT - B  
PALM BEACH, FL 33480

POB 3326  
PALM BEACH, FL 33486

D. RICHARD CASTELLANO

234 AUSTRALIAN AVE., UNIT-B

PALM BEACH, FL 33480

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

D. RICHARD CASTELLANO  
234 AUSTRALIAN AVE. UNIT-8  
PALM BEACH, FL 33486

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

**REQUIRED 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.

D. RICHARD CASTELLANO

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)

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STATE OF FLORIDA  
DEPARTMENT OF STATE