## 190003537

(Requestor's Name)				
(Address)				
(	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only

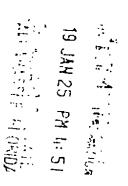
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## COVER LETTER

TO:

**New Filing Section** Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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 CASTELLAND	
Name of Person	
TRAVEL TECH 60, LLC.	
Firm/Company	
234 AUSTNALIAN AUE., UN	-IT-B
Address	
PALM BEACH, FL 339  City/State and Zip Code  DRICHC & EMAIL. Com	180
City/State and Zip Code	
E-mail address: (to be used for future annual report notificate	
For further information concerning this matter, please call:	
D. RICHAMS CASTELLA 518, 796-9	011
Name of Person Area Code Daytime Telephon	e Number
Enclosed is a check for the following amount:	
\$130.00 Filling Fee & \$155.00 Filling Fee &	\$160.00 Filing Fee.
Certificate of Status — Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address	
New Filing Section New Filing Section Division of Corporations Division of Corporati	on.
Division of Corporations Division of Corporati	0112

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:					
Must contain 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:				
234 Austracian Are UNIT-B PALM BEACH, FL 33480	POB 3326				
PALM BEACH, FL 33480	PALM REACH, FL 32480				
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  \[ \times_{\text{Rec}} \text{Ricitals} \]	l Agent. You must designate an individual or				
Name  Racian Ave., unir-8  Florida street address (P.O. Box NOT acceptable)					
PAIM BEACH, City State	FL 33 480 Zip				
Having been named as registered agent and to accept service of proce place designated in this certificate, I hereby accept the appointment as further agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registered.	registered agent and agree to act in this capacity. I ne proper and complete performance of my duties, and I				

(CONTINUED)

Registered Agent's Signature (REQUIRED)

٠	RTI	7°1	1.	137

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 CASTELLARG 234 AULTRALIAN AVI. URIT-8 PALM BEACH, FL 33 486
(Use attachment if necessary)	
f an effective date is listed, the date must be specif e date of filing.)	tiling:
RTICLE VI: Other provisions, it any.	
REQUIRED SIGNATURE:	
- Simulation of a small	

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 CASTELLARD
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)