Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## FLORIDA LIMITED LIABILITY CO. Jenifer Travels LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

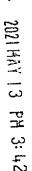
Electronic Filing Menu

Corporate Filing Menu

Help



(3



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Jenifer Travels LLC		
(Must contain the words "Li	mited Liability Company	v, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limite	d Liability Company is:
Principal Office Addres	: <u>s</u> :	Mailing Address:
7901 4th St N STE 300	79	01 4th St N STE 300
St. Petersburg, FL 33702  ARTICLE III - Registered Agent, Registered C	Office, & Registered Ag	. Petersburg, FL 33702  ent's Signature: You must designate an individual
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i another business entity with an active Florida reg	Office, & Registered Agentis own Registered Agentistration.)	ent's Signature:
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i another business entity with an active Florida reg The name and the Florida street address of the reg	Office, & Registered Agentits own Registered Agentistration.) gistered agent are:	ent's Signature:
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i another business entity with an active Florida reg The name and the Florida street address of the reg	Office, & Registered Agentits own Registered Agentistration.)	ent's Signature:
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as in another business entity with an active Florida reg The name and the Florida street address of the reg Northwest Reg	Office, & Registered Agentits own Registered Agentistration.) gistered agent are: gistered Agent, LLC Name	ent's Signature: . You must designate an individual
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i another business entity with an active Florida reg The name and the Florida street address of the reg Northwest Reg	Office, & Registered Agentits own Registered Agentistration.) gistered agent are: gistered Agent, LLC Name	ent's Signature: . You must designate an individual
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as it another business entity with an active Florida reg  The name and the Florida street address of the reg  Northwest Reg	Office, & Registered Agentists own Registered Agentistration.) gistered agent are: gistered Agent, LLC Name  VSTE 300 address (P.O. Box NOT	ent's Signature: . You must designate an individual

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)

Title: "AMBR" = Authorized Member	Name and Address;	
"MGR" = Manager AMBR	Jenifer Shoener	
AMDIX	7901 4th St N STE 300 St. Petersburg, FL 33702	- -
AMBR	David Shoener	•
	7901 4th St N STE 300 St. Petersburg, FL 33702	<del>.</del>
		-
		•
***************************************		-
(Use attachment if necessary)		
(II an effective date is listed, the date must be the date of filing.)  Note: If the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in the date in	atte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will not	
the document's effective date on the Departme	ent of State's records.	
ARTICLE VI: Other provisions, if any.		
REOUIRED SIGNATURE:		
Morgan John		
I his document is exe I am aware that any fi	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.	
Morgan N	loble	
	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)

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

ARTICLE IV-