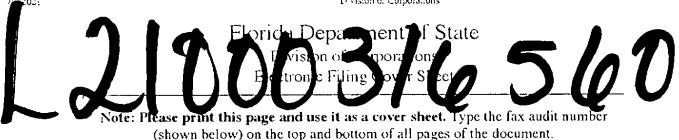
To: 18506176381 From: 12147128131 Date: 07/08/21 Time: 2:42 PM Page: 01/03

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 : (844)386-0178 Phone : (214)317-4754 Fax Number

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

Rmail Address:

FLORIDA LIMITED LIABILITY CO.

Cruise & Vacation Consultants - LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Help

7									
To:	18506176381	From:	12147128131	Date:	07/08/21	Time:	2:42	PM Page:	02/03

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLESO	FORGANIZATION FOR FLORIDA	LIMITED DABITATA COM	PANY	
ARTICLE I - Name:				
The name of the Limited Liabili	ty Company is:			
Cruise & Vacation C	Consultants - LLC			<u>-</u> _
(Must cont	tain the words "Limited Liability	Company, "L.L.C.," or "LLC	C.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal office of t	he Limited Liability Compar	ny is:	
<u>Princip</u>	al Office Address:	<u>Mailir</u>	ng Address:	
1022 Blackwolf Run	Road	1022 Blackwolf Run	Road	
Davenport, FL, US,	33896	Davenport, FL, US, 3	3896	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own Register		ate an individua	l or
The name and the Florida street	address of the registered agent ar	re:	21. SEUI	4
	William D Jackson			
	Name		-9	-
	1022 Blackwolf Run Road		<u> </u>	: ग्रा
	Florida street address (P.O. B	lox NOT acceptable)		

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..

Davenport

City

FL

State

Registered Agent's Signature (REQUIRED)

(CONTINUED)

33896

Zip

(((H21000264613 3)))

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	William Jackson
	1022 Blackwolf Run Road
	Davenport, FL, US, 33896
AMBR	Bonnie Coffel
	1022 Blackwolf Run Road
	Davenport, FL, US, 33896
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\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)