# Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

arevis.piedra@foodtravelexperts.com Email Address:\_

## FLORIDA LIMITED LIABILITY CO. MCO AIRPORT EXPERIENCE VENTURE, LLC

Certificate of Status	0
Certified Copy	ı
Page Count	03
Estimated Charge	\$155,00

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Help

To:

### ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MCO Airport Experience Venture, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," of "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

City

<u>Princip</u>	al Office Address:		Mailing Address:	
20408 Bashan Dr. # Ashburn, VA 20147			408 Bashan Dr. #300 hburn, VA 20147	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	cannot serve as its ow active Florida registra	n Registered Agent tion.)	ent's Signature: . You must designate an individual or	
	CT Corporation S	vstem		;
		Name		ر » دے
	1200 South Pine Is	land Road		فر
	Florida street addre	acceptable)	بې	
	Plantation	Florida	33324	00
	/ *: · · ·	S	71	$\circ$

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. Thereby 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..

Denise Bell · Asst. Secretary

State

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

To:

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

<u>Title:</u> "AMBR" = Authorized Member	Same and Address:
"MGR" = Manager <u>AMBR</u>	SSP AMERICA, INC. 20408 BASHAN DR. #300 ASHBURN, VA 20147
	<u>်</u> 
(Use attachment if necessary)	<u> </u>
(If an effective date is listed, the date must be spe the date of filing.)	of filing:
REOURED SIGNATURE:	Arevia Piedra
Signature of a me This document is execute I am aware that any false	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1)(b), Florida Statutes information submitted in a document to the Department of State e felony as provided for in 8.817.155, F.S.
Arevis Piedra	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)