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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I280000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

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FLORIDA LIMITED LIABILITY CO. SIRVA.TOURS LLC

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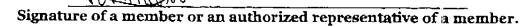
Help

ARTICLES OF ORGANIZATION

FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:	527 - 5 AK
Sivaritours LIC	رة در
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
11550 N.W 105t Pembroke Pines FL 33026	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registration.)	
Pansel Enrique Portillo	
11550 New 1057 Penbroke Pings Fl 33026	
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	
Daniel Encique Portille (AMBR)	·
·	

EIN: 99 - 4741477

Required Signatures:



In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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)