

TRANSMITTAL LETTER  
FOR FLORIDA LIMITED LIABILITY COMPANY

**L95000000482**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

500001516895  
-06/19/95--01072--022  
\*\*\*\*293.75 \*\*\*\*293.75

**SUBJECT:** Schneider Financial Group, L.C.  
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy of the articles of organization and a check for

☐ \$285.00  
Filing Fee  
& Registered  
Agent designation

☒ \$293.75  
Filing Fee,  
Registered Agent  
Designation &  
Certificate

☐ \$337.50  
Filing Fee,  
Registered Agent  
Designation &  
Certified Copy

☐ \$346.25  
Filing Fee,  
Registered Agent  
Designation,  
Certified Copy &  
Certificate

FILED  
95 JUN 19 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FROM:** Aaron Schneider  
Name (Printed or typed)

700 7TH Avenue North  
Address

St. Petersburg, FL 33701  
City, State & Zip

(813) 895-6635  
Daytime Telephone number

JUN 22 1995

BSB

**NOTE:** Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION

OF •

SCNEIDER FINANCIAL GROUP, L.C.

FILED  
95 JUN 19 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Article I. NAME

The name of this limited liability company shall be Schneider Financial Group, L.C.

Article II. PLACE OF BUSINESS

The mailing address and street address of the principal office of the limited liability company shall be 700 7th Avenue North, St. Petersburg, FL 33701.

Article II. NATURE OF BUSINESS

This limited liability company may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

Article III. DURATION

This limited liability company shall exist for a period commencing as of the later of June 15, 1995 or the date on which these articles of organization are filed with the State of Florida Department of State and terminating on December 31, 2024.

Article IV. MANAGEMENT

The limited liability company is to be managed by the members and the names and addresses of the members are:

Aaron Schneider  
2440 Driftwood Rd. S.E.  
St. Petersburg, FL 33705

Susan E. Krause  
7005 Twelve Oaks Blvd  
Tampa, FL 33634

Douglas Schneider  
2440 Driftwood Rd S.E.  
St. Petersburg, FL 33705

**Article V. ADMISSION OF ADDITIONAL MEMBERS**

The right, if given, of the remaining members to admit additional members and terms and conditions of the admissions shall be as follows. Existing members shall have the right to admit new members by consent of members representing eighty percent (80%) of the ownership interests in the limited liability company. Contributions required of new members shall be determined as of the time of admission to the Limited liability company in accordance with the Regulations.

A member's interest in the Limited liability company may not be sold or otherwise transferred except with written consent of members representing eighty percent (80%) of the ownership interests in the Limited liability company and otherwise in accordance with the Regulations of this Limited liability company.

**Article VI. CONTINUATION**

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the Limited liability company, the remaining members shall have the right to continue the business upon unanimous consent of such remaining members

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Schneider Financial  
Group, L.C.

2. The name and address of the registered agent and office is:

Aaron Schneider  
(NAME)

700 7th Avenue North  
(P.O. Box NOT ACCEPTABLE)

St. Petersburg, FL 33701  
(CITY/STATE/ZIP)

FILED  
95 JUN 19 PM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

Aaron Schneider  
(SIGNATURE)


6/16/95  
(DATE)

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of Schnoider

Financial Group, L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 5,000 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$            .  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 5,000 .
- 5) the total amount of 2, 3, and 4 is \$ 10,000 .

  
Signature of a member or authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

L95000000482

2000 Avenue North  
Tallahassee, Florida 32301  
TEL (904) 623-4571  
FAX (904) 623-4571

## World Discount Travel

January 11, 1996

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FLORIDA 32314

Dear Sirs or Madam,

Enclosed with this cover letter are Certification of Amendment to Articles of Organization for World Discount Travel and a check for \$113.75.

Please make the aforementioned amendment and include a certified copy and a certificate of status to the above address.

Thank you for your attention in this matter,

*Aaron Schneider*  
Aaron Schneider / President

FILED  
96 JAN 18 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900001691459  
-01/18/96--01013--001  
\*\*\*\*113.75 \*\*\*\*113.75

Gave authorization  
to reflect NIC to  
World Discount  
Travel, L.C.

Name  
Change  
Amend.

*SP*

"Your Discount Source in Travel Services"

CERTIFICATION OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SCHNEIDER FINANCIAL GROUP, L.C.  
(A Florida Limited Liability Company)

FILED  
96 JAN 18 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The date of filing of the articles of organization was June 19, 1995.

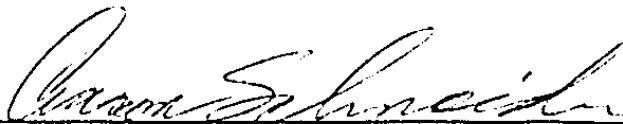
SECOND: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

1. AGREED, Schneider Financial Group will have it's name changed to:

**WORLD DISCOUNT TRAVEL, L.C.**

The fictitious name, WORLD DISCOUNT TRAVEL has been acknowledged by the Florida Department of State under registration number: **G96002000194** as of January 2, 1996.

Dated January 11, 1996



Aaron Schneider, President

**FILE NOW: Fee after May 1, will be \$263.75**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
26 MAY -1 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE \$ 230.75** Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L95000000482**

SCNEIDER FINANCIAL GROUP, L.C.  
700 7TH AVE N  
ST PETERSBURG FL 33701

1a. Principal Place of Business Address

700 7TH AVE N  
ST PETERSBURG FL 33701

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/19/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		5. Date of Last Report	6. Certificate of Status Desired
Country		Country			<input type="checkbox"/> 9A. Additional Fee Required

59-3319507

7. Name and Address of Current Registered Agent

SCNEIDER, AARON  
700 7TH AVE N  
ST PETERSBURG FL 33701

8. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City  
FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Registered Agent Accepting Appointment) (931) (Registered Agent Signature required when appointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	SCNEIDER, AARON	2440 DRIFTWOOD RD SE	ST PETERSBURG FL
MEM	KRAUSE, SUSAN E	7005 TWELVE OAKS BLVD	TAMPA FL
MEM	SCNEIDER, DOUGLAS	2440 DRIFTWOOD RD SE	ST PETERSBURG FL

900001854249  
-06/06/96--01110--003  
\*\*\*\*238.75 \*\*\*\*238.75

JAB

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Aaron Schneider*

SIGNATURE AND TYPED CAPTIONED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/26/96

895-16635