

29700000858

TRANSMITTAL LETTER  
FOR FLORIDA LIMITED LIABILITY COMPANY

97 AUG -6 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: Select Travel, L.C.  
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

900002259009--6  
-08/06/97-01032-010  
\*\*\*\*293.75 \*\*\*\*293.75

Filing fee for articles of organization of Florida Limited Liability Company:

- ✓ \$250.00 Filing fee for Articles of Organization and Affidavit
- ✓ \$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.

FROM: Jody St. John  
Name (Printed or typed)

1125 U.S. Highway 98 South, Suite 200  
Address

Lakeland, FL 33801  
City, State & Zip

(941) 686-1400  
Daytime Telephone number

OK 8/6/97

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
97 AUG -6 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Select Travel, L.C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
1125 U.S. Highway 98 South Suite 200  
Lakeland, FL. 33801

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be: Perpetual

**ARTICLE IV - Management:**

(check and complete the appropriate statement)

- ☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Manager: Joseph St. John  
1125 U.S. Highway 98 South, Suite 200  
Lakeland, FL. 33801

Deputy Manager: James E. Carey  
1125 U.S. Highway 98 South, Suite 200  
Lakeland, FL. 33801

Deputy Manager: Nicholas V. Leidgun  
216 West 6th Street  
Suite 106

Deputy Manager: Jasper, IN 47546

Deputy Manager: Jamie M. Leidgun

\*\* same as above

- ☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of Select  
Travel, 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 \$ 30,000.
- 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 \$ 20,000.
- 5) the total amounts of 2, 3 and 4 is \$ 50,000.

Don P. S. Noz  
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.)

FILED

97 AUG -6 AM 11:00

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

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY 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: Select Travel, L.C.

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

Joseph St. John  
(NAME)

1125 U.S. Highway 98 S., Suite 200  
(P. O. Box NOT ACCEPTABLE)

Lakeland, FL 33801  
(CITY/STATE/ZIP)

*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.*

Joseph St. John  
(SIGNATURE)

7/28/17  
(DATE)

**Filing Fee: \$ 35 for Designation of Registered Agent**