

# L13 000078690

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000119153 3)))



H130001191533BCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
 Fax Number : (850) 617-6383

From: Account Name : ARIAS TOVAR & ASSOCIATES, P.A.  
 Account Number : 120000000125  
 Phone : (954) 385-2284  
 Fax Number : (954) 385-8864

RECEIVED

13 MAY 30 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 MAY 30 PM 8:44

FILED

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

### FLORIDA LIMITED LIABILITY CO. ORBIT CAB, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

MAY 31 2013

T CLINE

(((H13000119153 3)))

**ARTICLES OF ORGANIZATION**  
**OF**  
**ORBIT CAB, LLC**

The Undersigned, as a member or an authorized representative of a member of the Company, pursuant to Chapter 608, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named ORBIT CAB, LLC

**ARTICLE I: NAME**

The name of the Company shall be: ORBIT CAB, LLC.

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of this Company shall be:

8704 NW 109<sup>th</sup> CT, Doral, FL 33178

**ARTICLE III: DURATION**

The period of duration for the Company shall be perpetual.

**ARTICLE IV: PURPOSE**

This company is organized primarily to conduct any lawful business in the United States and abroad.

**ARTICLE V: MANAGEMENT**

The Company shall be managed by one or more managers and is therefore a member-managed company. The initial members/managers of the Company shall be one (1), to hold office until their successors have been duly qualified and elected, or until his/her earlier resignation, removal from office or death.

The number of members and managers may increase or decrease in accordance with the procedure stated in the By-Laws of the company or the Membership Agreement.

FILED  
2013 MAY 30 AM 8 44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H13000119153 3)))

(((H13000119153 3)))

The name and address of the initial Member / Manager is:


Sonia Canas 8704 NW 109<sup>th</sup> CT. Doral, FL 33178

**ARTICLE VI: INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida Street address of the initial Registered Agent is:

Ileana Arias Tovar, Esq.  
Arias Tovar & Associates, PA.  
2250 NW 136<sup>th</sup> Avenue  
Pembroke Pines, FL 33028

*Having been named as registered agent and to accept service of process for the above stated 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.*

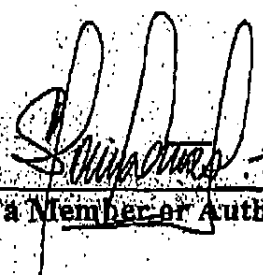


Signature of Registered Agent

Date: May 24, 2013

SECRETARY OF STATE  
ALLAHABAD, FLORIDA  
2013 MAY 30 AM 8 44

FILED



Signature of a Member or Authorized Representative of a Member  
Sonia Canas

(((H13000119153 3)))