

H14000033243

To: Florida Department of State Page 1 of 1 2014-02-26 10:34 30639 003 From: Monahan Mijares CPA Monahan Mijares CPA

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Fax Number : (850)617-6383

From: Account Name : MONAHAN MIJARES CPA PA
Account Number : I20050000157
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FLORIDA LIMITED LIABILITY CO.
Viajes Viam, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VIAJES VIAM, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roark R. Monahan CPA
Name of Person

Monahan- Mijares CPA, PA
Firm/Company

2519 Galiano Street, Suite 703
Address

Coral Gables, FL 33134
City/State and Zip Code

elismor.castillo@mma.com.ve
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roark R. Monahan CPA at **(305) 407-1440**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VIAJES VIAM, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2519 Galiano Street, Suite 703
Coral Gables, FL 33134

2519 Galiano Street, Suite 703
Coral Gables, FL 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ROARK R. MONAHAN

Name

2519 Galiano Street, Suite 703

Florida street address (P.O. Box NOT acceptable)

Coral Gables FL 33134

City

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 as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:

Gustavo Sansano
Av. Romulo Gallego, Edif Las Americas
Caracas, Venezuela 1071

MGR

María Angela Magnani
Av. Romulo Gallego, Edif Las Americas
Caracas, Venezuela 1071

(Use attachment if necessary)

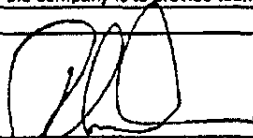
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

The company will be a Manager Managed Limited Liability Company

Article VII. Business purpose: The purpose of the company is to provide tourism services.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(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.)

ROARK R. MONAHAN

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)