

L04 00000 5815

Florida Department of State
Division of Corporations
Public Access System

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.

(((H04000015594 3)))

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) 205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN 22 PM 3:12

FILED

LIMITED LIABILITY COMPANY

ecuaperu travel, llc

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

DIVISION OF CORPORATION

04 JAN 22 PM 2:56

RECEIVED

Electronic Filing Menu

Corporate Filing

Public Access Help

L04-5815
OK

H O 4000 015 59 4

3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
ECUAPERU TRAVEL, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
3776 NE 12 AVENUE
OAKLAND PARK, FL 33334

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

The name and the Florida street address of the registered agent are:
GUADALUPE MONGE
3776 NE 12 AVENUE
OAKLAND PARK, FL 33334

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN 22 PM 3:12

FILED

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 608, F.S.



Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, Therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

H O 4000 015 59 4

TOTAL P.03

H 0 4000 015 59 4

ARTICLE V - Member's Name, Address and Percent of Interest:
Membership Name and Address Percent Interest

GUADALUPE MONGE
3776 NE 12 AVENUE
OAKLAND PARK, FL 33334

100%

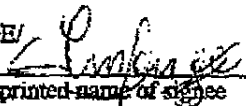
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN 22 PM 3:12

FILED

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

GUADALUPE MONGE/


Typed or printed name of signee

H 0 4000 015 59 4