s://afile.sunbiz.org/scripts/efilcovr.ex partment 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.

(((H04000075108 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

: FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone

: (305)599-0839

Fax Number

: (305)716-0346

LIMITED LIABILITY COMPANY

GEMENTS LLC

Certificate of Status 0 Certified Copy 1 Page Count 02 **Estimated Charge** \$155.00

NA THOMAS

Electropic Filing Menu

Corporate Filing

Public Access Help

H04000075108 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name:

The name of the Limited Liability Company is:

VIAJES GEMINIS LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1825 Ponce de Leon Blvd. #378, Coral Gables, Florida 33134

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

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

Luis F. Trujiilo

Name

1825 Ponce de Leon Blvd. #378

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

Coral Gables, Florida 33134

City, State, and 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 608, F.S.

Registered Agent's Signature

E04000075108 3

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.

(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.)

Alberto Mendoza

Typed or printed name of signee

Alberto Mendoza – Manager / Member 1825 Ponce de Leon Bivd. #378 Coral Gables, Fl. 33134

Patricia Mendoza – Manager / Member 1825 Ponce de Leon Blvd. #378 Coral Gables, Fl. 33134

Andres Mendoza – Manager / Member 1825 Ponce de Leon Blvd, #378 Coral Gables, Fl. 33134

Mauricio Mendoza – Manager /Member 1825 Ponce de Leon Blvd. #378 Coral Gables, Fl. 33134

