

W4000074211

00789-02595-00671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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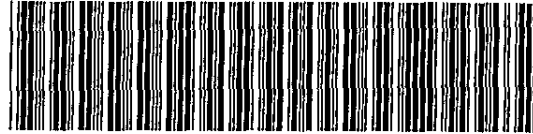
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W04-201014



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09/27/04--01017 -023 **160.00

FILED
04 OCT 11 PM 3:49
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AeroDestinations/AeroDestino
(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:

Gabriel Eduardo Sanchez
(Name of Person)

(Firm/Company)

3815 SW 89 Avenue

(Address)

Miami, Florida 33165

(City/State and Zip Code)

For further information concerning this matter, please call:

Gabriel E. Sanchez at (305) 766 2381
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 30, 2004

GABRIEL EDUARDO SANCHEZ
3815 SW 89 AVENUE
MIAMI, FL 33165

SUBJECT: AERODESTINATIONS/AERODESTINO
Ref. Number: W04000036194

We have received your document for AERODESTINATIONS/AERODESTINO and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 704A00057180

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

AeroDestinations/AeroDestino Ltd. Co

ARTICLE II - Address:

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

Principal Office Address:

3815 SW 89 Avenue

Miami, Florida 33165

Mailing Address:

3815 SW 89 Avenue

Miami, Florida 33165

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

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

Gabriel E. Sanchez

Name

3815 SW 89 Avenue

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

Miami FLORIDA 33165

City, State, and Zip

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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, Florida Statutes..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Gabriel Eduardo Sanchez

3815 SW 89 Avenue

Miami, Florida 33165

MGRM

Celeste M. Sanchez

3815 SW 89 Avenue

Miami, Florida 33165

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Gabriel E. Sanchez

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)