

L05000008753

(Requestor's Name)

(Address)

(Address)

705A0005962

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

CERT - 5.00

(Business Entity Name)

(Document Number)

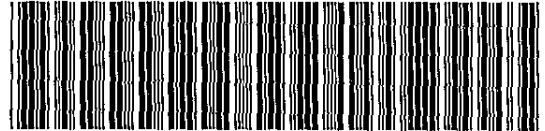
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100045341361

02/01/05--01011--023 **5.00

01/27/05--01051--025 **155.00

FILED
05 JAN 31 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
05 JAN 31 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
05 JAN 31 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mi Sangre USA Tour, LLC

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05 JAN 31 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

180 NE 39th Street

Suite 212

Miami, Florida 33137

Mailing Address:

180 NE 39th Street

Suite 212

Miami, Florida 33137

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

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

Juan Esteban Aristizabal

Name

180 NE 39th Street, Suite 212

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

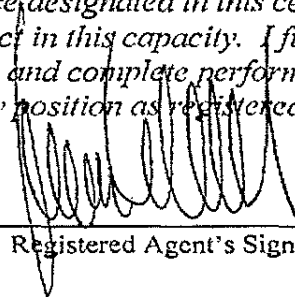
Miami, Florida 33137

FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

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

(CONTINUED)

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:

Managing Member

Juan Esteban Aristizabal

180 NE 39th Street, Suite 212

Miami, Florida 33137

Manager

Fernan Martinez

180 NE 39th Street, Suite 212

Miami, Florida 33137

Manager

Jose Luis Aristizabal

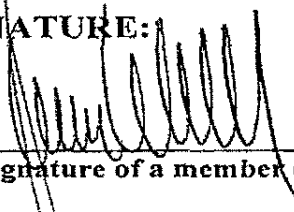
180 NE 39th Street, Suite 212

Miami, Florida 33137

(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.)

Juan Esteban Aristizabal

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)

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK
DATE: 01-31-05
REF. #: 001339.34311
CORP. NAME: MI SANGRE USA TOUR, LLC

Hi Buck,
Please apply
that \$155 we spoke
about earlier to this
filing. Always,
Thank you!
Tricia

- | | | |
|--|---|---|
| ☐ ARTICLES OF INCORPORATION | ☐ ARTICLES OF AMENDMENT | ☐ ARTICLES OF DISSOLUTION |
| ☐ ANNUAL REPORT | ☐ TRADEMARK/SERVICE MARK | ☐ FICTITIOUS NAME |
| ☐ FOREIGN QUALIFICATION | ☐ LIMITED PARTNERSHIP | ☒ LIMITED LIABILITY |
| ☒ REINSTATEMENT | ☐ MERGER | ☐ WITHDRAWAL |
| ☐ CERTIFICATE OF CANCELLATION | | |
| ☐ OTHER: | | |

STATE FEES PREPAID WITH CHECK# 511265 FOR \$ 5.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|---|---|---|
| ☒ CERTIFIED COPY | ☐ CERTIFICATE OF GOOD STANDING | ☐ PLAIN STAMPED COPY |
| ☒ CERTIFICATE OF STATUS | | |

Examiner's Initials