

L050000039016

Florida Department of State  
Division of Corporations  
Public Access System

FILED

2005 MAR 31 A 11:08

**Electronic Filing Cover Sheet**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.**

(((H05000079276 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

**LIMITED LIABILITY COMPANY**

**best luxury tour & limo, llc**

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

AL

H050000742 16

③

**ARTICLES OF ORGANIZATION  
OF**

**FILED**

**A Florida Limited Liability Company**

2005 MAR 31 A 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I-NAME**

The name of the Limited Liability Company is:

**BEST LUXURY TOUR & LIMO, LLC**

**ARTICLE II-ADDRESS:**

The mailing address and street address of the principle office of the Limited Liability company is:

**PRINCIPAL OFFICE ADDRESS:**

**MAILING ADDRESS:**

**222 189 STREET  
SUNNY ISLES FLA 33160**

**222 189 STREET  
SUNNY ISLES FLA 33160**

**ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:**

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

**JAMAL HIDMI**  
(NAME)

**222 189 STREET**  
FLORIDA STREET ADDRESS(P.O BOX NOT ACCEPTABLE)

**MIAMI FLA 33160**  
CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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 SIGNATURE

L1N5M7M9276

405000079276 FILED

**ARTICLE IV-MANAGEMENT/MEMBER(S):**

The name(s) and address(es) of each Manager or Managing Member is as follows: 05 MAR 31 A 11:08

Title:

Name and address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGR= Manager

MGRM= Managing Member

MGR= JAMAL HIDMI

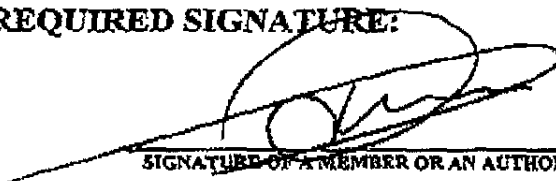
222 189 STREET SUNNY ISLES FLA 33160

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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 688.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JAMAL HIDMI

Typed or printed name of signee

405000079276