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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 409172 7108498

AUTHORIZATION :

Patricia Pajaro

COST LIMIT : \$ 125.00

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TALLAHASSEE, FLORIDA

ORDER DATE : June 3, 2005

ORDER TIME : 9:42 AM

ORDER NO. : 409172-005

CUSTOMER NO: 7108498

CUSTOMER: Sueli Correa
Becker & Poliakoff, P.a.

Suite 1000, Alhambra Towers
121 Alhambra Plaza
Coral Gables, FL 33134

DOMESTIC FILING

NAME: CADC TRAVEL & SERVICES, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

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

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

CADC Travel & Services, LLC**ARTICLE II - Address:**

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

Principal Office Address:6900 Sunrise TerraceCoral Gables, Florida 33133**Mailing Address:**6900 Sunrise TerraceCoral Gables, Florida 33133**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Becker & Poliakoff, P.A.

Name

121 Alhambra Plaza, 10th FloorFlorida street address (P.O. Box NOT acceptable)Coral GablesFLORIDA 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, Florida Statutes..

Becker & Poliakoff, P.A.By: 

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:**MGRMCarlos A. De Carli6900 Sunrise TerraceCoral Gables, Florida 33133MGRMCarla F. De Carli6900 Sunrise TerraceCoral Gables, Florida 33133

(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.)

By: JULIO C. BARBOSA, Esq.

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)