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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TAIL AHARSEF FIGURE

Office Use Only

EFFECTIVE DATE

COVER LETTER

TO:	Registration Se Division of Co				
SUBJ	ECT:		RAVEL d Liability Company)		
The en	nclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.		
Please	return all corresp	ondence concerning this matte	er to the following:		
		ALEXAND	DER S. PUG,	A	
. • •		(1	Name of Person)		
. 24%		PUGA TRA	IVEL, LLC		
				•	
	5	23 NW 20	8 Terrace (Address)	0 TAI	
			(Address)	Z JU	Galang F
	Pe	merope Pines F	LORIDA 330 /State and Zip Code)	029 148	Larent Eurota
		(City	/State and Zip Code)	Lid.	ii gara
For fu	rther information	concerning this matter, please	call:	AH IO: PS	ही के लेक्स
	Alex	PUGA	at (305) 7/0	7-8382	
	(Name	of Person)	(Area Code & Daytime Te	lephone Number)	
~~clo	sed is a check fo	or the following amount:			
, \$12:	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporation Clifton Building	•	

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PLIGATRA (Must end with the words "Limited Liability Company, "Limited	VEL, LLC Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
523NW 208 Terrace Pembroke Briss, FL 33029	523NW 208 Terrace Pembroke Pines, FL 33029
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual dranother
4 .	S. PUGA FLORID
Florida street addr Penbroke Rines	ress (P.O. Box NOT acceptable) FL 33029
City, State, ar	nd Zip
	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as

Registered Agent's Signature (REQUIRED)

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.

(CONTINUED)
Page 1 of 2

ESSECTIVE DATE

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	EMMIE BLANCO-PUGA 523 NW 208 Texace Pembroke Rives, FL 33029
(Use attachment if necessary)	A
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	the date of filing: <u>June 20, 2007</u> . (OPTIONAL) be specific and cannot be more than five business days prior
required signature:	ON JUN 27 A DANCO-PLAW
(In accordance with s of this document con that the facts stated	
EM	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)