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Division of Corporations
Fax Number (850)205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

(305) 634-3694

Fax Number

(305) 633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

GABRIELA TOURS, LLC

| Certificate of Status | ! | 0 |
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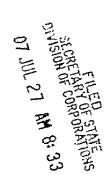
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

GABRIELA TOURS, LLC



ARTICLE I

The name of the Limited Liability Company shall be: GABRIELA TOURS, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company: 300 SEVILLA AVENUE, SUITE 309, CORAL GABLES, FLORIDA 33134

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ARTICLE IV

The name and the Florida street address of the registered agent: BURGOS & SOSA, P.A., 300 SEVILLA AVENUE, SUITE 309, CORAL GABLES, FLORIDA 33134

ARTICLE V

The name of the Managing Member(s) shall be:

MANAGING DIRECTOR
GUILLERMO M. ORBEGOSO-CABEZA

ADMINISTRATIVE DIRECTOR ILIANA RIVERA-MOGOLLON



ARTICLE VI

The name of the Member shall be:

FINANCIAL DIRECTOR MARIA M. ORBEGOSO-CABEZA

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

GABRIELA TOURS, LLC

CLASSION OF JUL 27 MM 8: 33

MAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED ACENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT.

REGISTERED AGENT.

REGISTERED AGENT.

REGISTERED AGENT.

Signature of a member or an authorized tentesentative of a member

(In accordance with section 608.408(3), Floridz Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated berein are true.)

Typed or printed name of signee

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