# LU8000010010

| (Requestor's Name)                      |        |       |  |  |  |
|---|--------|-------|--|--|--|
| (Address)                               |        |       |  |  |  |
| (Ad                                     | dress) |       |  |  |  |
| (City/State/Zip/Phone #)                |        |       |  |  |  |
| <u></u>                                 | ·      |       |  |  |  |
| PICK-UP                                 | WAIT   | MAIL. |  |  |  |
| (Business Entity Name)                  |        |       |  |  |  |
|   |        |       |  |  |  |
| (Document Number)                       |        |       |  |  |  |
| Certified Copies Certificates of Status |        |       |  |  |  |
|   |        |       |  |  |  |
| Special Instructions to Filing Officer: |        |       |  |  |  |
|   |        | ,     |  |  |  |
|   |        |       |  |  |  |
|   |        |       |  |  |  |
|   |        |       |  |  |  |

Office Use Only



600114628626

01/29/08--01008--012 \*\*155.00

RECEIVED

NECCEIVED

NAME OF THE PROPERTY OF T

B. KOHR JAN 2 9 2008

EXAMINER

OB JAN 29 PH 12: 45
SECRETARY OF STATE
TALLAHASSEE, FLORM

#### **LAZARUS**

CR2E031(7/97)

CORPORATE FILING SERVICE 3320 SW 87<sup>TH</sup> AVENUE MIAMI, FL 33165 305-552-5973

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.06 Walk in Certified Copy Mail out ☐ Will wait Certificate of Status Photocopy **NEW FILINGS AMENDMENTS** Profit ☐ Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability ☐ Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report ☐ Foreign ☐ Fictitious Name ☐ Limited Partnership Reinstatement Trademark Other **Examiner's Initials** 

## ARTICLES OF ORGANIZATION OF A FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I-NAME

The name of the Limited Liability Company is:

#### **KOALA TOURS & TRANSPORTATION 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:

13499 BISCAYNE BLVD #1005 NORTH MIAMI FLA 33181 13499 BISCAYNE BLVD #1005 NORTH MIAMI FLA 33181

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE: The name and the Florida street address of the registered agent are:

### CESAR HERNANDEZ (NAME)

13499 BISCAYNE BLVD #1005 FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

#### MIAMI FLORIDA 33181

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 FURTHERAGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFOMANCE 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

|                          | V-MANAGEMENT/North address (es) of |                 | ager or Managing     | Member is as for  | ollows:       |
|--------------------------|------------------------------------|-----------------|----------------------|-------------------|---------------|
| ,                        | ,                                  |                 |                      |                   |               |
| <u>Title:</u>            | •                                  | <u>Nan</u>      | ne and address:      | ,                 |               |
| MGR= Manag<br>MGRM= Mana |                                    |                 |                      | . "               | \$            |
| MGR= CESAI               | R HERNANDEZ                        | Z, 13499 BISC   | CAYNE BLVD #100      | 5 NORTH MIAMI     | FLA 33181     |
| MGR= ANGE                | L REQUENA, 13                      | 3499 BISCAY<br> | NE BLVD #1005 N      | ORTH MIAMI FL     | A 33181       |
| (Use attachmen           | •                                  | ust be added    | l if an effective da | ate is requested. | <del></del> . |
| REQUIRE                  | SIGNATUR                           | E:              | D. 141 H2            |                   |               |

(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.)

SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER.

CESAR HERNANDEZ
Typed or printed name of signed