## 10800045/53

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Pusings Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
•				
W08000020035				

Office Use Only

EFFECTIVE DATE 42808



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04/18/08--01039--018 \*\*155.00

08 APR 18 PM 3:5

D. BRUCE

MAY 06 2008

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Division of C						
SUBJ	ECT: Abaso	cal's Tours & Trans	<u></u>			_	
		(Name of Limite	ed Liability Co	mpany)			
The en	closed Articles	of Organization and fee(s) are s	submitted for fi	lling.			
Please	return all corres	pondence concerning this matt	er to the follow	/ing:			
	Lourdes A	Arredondo					
			(Name of Person	)			
	SoBe Cor	nsulting Services L	LC				
		<del></del>	(Firm/Company)	)	AL OF	208	
	2895-A C	ollins Ave			L A H.	08 APR	en-te
	•		(Address)		ASS	8	The second
	Miami Be	ach, FL 33140			المالية المالية المالية	2	
		(City	/State and Zip C	ode)	LOR	ယ္	
For fur	ther information	concerning this matter, please	call:		IDA		
Loui	rdes Arred	ondo	at ( 305	, 673-521	3		
	(Name	e of Person)	(Area (	Code & Daytime Tel	ephone Number)		
Enclos	sed is a check for	or the following amount:					
\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Find Certified (additional controls)		\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is e	itus &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Cliftor 2661 I	/Courier Address ration Section on of Corporations Building Executive Center Cassee, FL 32301	s		



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 21, 2008

LOURDES ARREDONDO 2895-A COLLINS AVE MIAMI BEACH, FL 33140

SUBJECT: ABASCAL'S TOURS & TRANSPORTATION, LLC

Ref. Number: W08000020035

OB APR 18 PH 3:51
SECRE JAMY OF STATE
TALLAHASSEF ET STATE

We have received your document for ABASCAL'S TOURS & TRANSPORTATION, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 18, 2008. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 408A00023784

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Abascal's Tours & Transportation, L	LC
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
408 W 16 Street	408 W 16 Street
Hialeah, FL 33010	Hialeah, FL 33010
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual ar another Agent.
Lourdes Arredondo	Te R IN
Name	STATE CORNE
2895-A Collins Ave	H 3: 51 FLORIDA
Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)
Miami Beach	<sub>FL</sub> 33140
City, State, an	nd Zip
Having been named as registered agent and to a	ccept service of process for the above stated limited

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

EFFECTIVE DATE 42808

ARTICLE L. Name:

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" = Mana; "MGRM" = Mai		Name and Address:			
	Manager		Arturo Abascal			
		<del></del>	408 W 16 Street	<del></del>	-	
			Hiateah, FL 33010		<del>-</del> -	
					_	
		<u> </u>			-	
					<del>-</del> 	
					-	
					- -	
	(Use attachment	if necessary)				
If an	effective date is lis	ted, the date must be sp	te of filing: <u>04/28/2008</u> . Decific and cannot be more than five b			
o or 🤉	90 days after the d	ate of filing.)				
	REQUIRED SI	GNATURE:		_	,	
		* Based	·	SECRI	08 AP	<b>"</b>
	•	Signature of a member or	r an authorized representative of a member.	AZ.	<u>کن</u>	
		(In accordance with section of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)	RETARY OF AHASSEE, FI	8 PH	
		Arturo Abascal		STAT LORI	ယ္	
		Typed	or printed name of signee	DA Z		

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)