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### FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### AIRPORT TRANS TOURS LLC

Certificate of Status	0
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**EXAMINER** 

12/09/2008.

December 10, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

**EXPRESS** 

SUBJECT: AIRPORT TRANS TOURS LLC

REF: W08000054777

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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

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Deborah Bruce Regulatory Specialist II FAX Aud. #: H08000270311 Letter Number: 408A00059839

P.O BOX 6327 - Tallahassee, Flonda 32314

#### (((H08000270311)))

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY EFFECTIVE TO JANUARY 1 DEL 2009

ARTICLE I -

Name: The name of the Limited Liability Company is:

<u>AIRPORT TRANS TOURS LLC</u>

(Must end with the words "Limited Linbility Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

#### ARTICLE II - Address:

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

Principal Office Address: 1801 SOUTH TREASURE DR APT 324 MIAMI, FL. 33141 Mailing Address: 1801 SOUTH TREASURE DR APT 324 MIAMI, FL. 33141

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Piorida registration.)

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

## ANDRES RODRIGUEZ Name

**141 N.E 3RD AVE. SUITE 406** 

Plotida street address (P.O. Box NOT acceptable)

MIAMI, FL. 33132 FL 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, F.S

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

Title:

Name and Address:

"MGR" = Manager
"MGRM" = Managing Member

MGR RICARDO VEAS 1801 SOUTH TREASURE DR APT 324 MIAMI, FL. 33141

ESPERANZA BERRIO

MGRM
EDGAR HERRERA
LUCERO GARCIA
HORTENCIA CABARCAS
RICARDO CARVAJAL
SAUL HERNANDEZ
ADOLFO SARMIENTO
WILMER A SILVA

(Use attachment if necessary)

ARTICLE V: Effective dute, if other than the date of filing (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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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 between are true.)

RICARDO VEAS
Typed or printed name of signee