

L09000101019

(Requestor's Name)

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(Address)

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10/19/09--01044--018 **125.00

EFFECTIVE DATE

10/13/09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 19 PM 1:25

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DESTINATION TRAVEL GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gloria Fuenzalida / Saldery Mejia
Name of Person

DESTINATION TRAVEL GROUP LLC.
Firm/Company

2893 Executive Park drive suite 131.
Address

Wilton Fl, 33331
City/State and Zip Code

GloriaFuenzalida@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gloria Fuenzalida at (954) 701 5927
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 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
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DESTINATION TRAVEL GROUP LLC

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

ARTICLE II - Address:

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

Principal Office Address:

2893 Executive Park drive
WESTON FL 33331 Suite 131

Mailing Address:

2893 Executive Park Drive
WESTON FL 33331 Suite 131

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 Florida registration.)

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

1427 Capri Lane #5011
Name
Colonia Fuenzalida
Florida street address (P.O. Box NOT acceptable)
WESTON FL 33326
City, State, and Zip

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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..

Colonia Fuenzalida

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Sulderly Mejia
7663 Tamarac Island circle
Tamarac FL 33321

MGR

Gloria Fuenzalida
1427 capri lane unit E5011
Winton FL 33326

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/13/09 (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.)

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 herein are true.)

Gloria Fuenzalida

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)

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