

# L11000034110

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC  
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Phone : (800) 494-3124  
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## FLORIDA LIMITED LIABILITY CO. Cordial Cuba Travel, LLC

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

CORDIAL CUBA TRAVEL, LLC

**ARTICLE II ADDRESS**

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

5657 NW 195 DRIVE  
OPA LOCKA, FLORIDA 33055

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

JANET A CABEZAS  
5657 NW 195 DRIVE  
OPA LOCKA, FLORIDA 33055

Having been named as registered agent 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.

x   
\_\_\_\_\_  
JANET A CABEZAS / Registered Agent's signature

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PAGE 2 CORDIAL CUBA TRAVEL, LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER  
JANET A CABEZAS  
5657 NW 195 DRIVE  
OPA LOCKA, FLORIDA 33055

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.....

x *Janet Cabezas*  
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.

JANET A CABEZAS

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