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SECRETARY OF STATE

J. BRYAN

MAR - 2 2012

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	
	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
į	Fernando A Sucre
-	Name of Person
	Caribe B2B
	Firm/Company
_	553 Penta Court
	Address
Ā	Veston, FL, 33327-2414 City/State and Zip Code
	City/State and Zip Code Sucre@caribeb2b.com E-mail address: (to be used for future annual report notification)
_5	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
Ferna	ando Sucreat (754) 281-6089
	Name of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallabassee FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
Caribe B2B Tour Operator 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:	Mailing Address:	
553 Penta Court	553 Penta Court	
Weston, FL	Weston, FL	
33327-2414	33327-2414	***************************************
	s of the registered agent are:	
	Name	85 _ M
553 Penta C	Court	EFF P
Florida	street address (P.O. Box NOT acceptable)	1:27 STATE
Weston	_{FL} 33327	
	City, State, and Zip	
Having heen named as registered agen	t and to accept service of process for the ab	ove 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)

<u>l'itle:</u>	Name and Address:
MGR" = Manager MGRM" = Managing Member	Managing Member(s): anager or Managing Member is as follows: Name and Address: Fernando A. Sucre
//GR	Fernando A. Sucre
	553 Penta Court
	Weston, FL 33327
MGR	Alejandro Paez
	Ave. Alameda Monte Umbroso, 530 Apto 201 Surco
	Lima, Peru
MGR	Ernesto L. Rodriguez
	Avenida Kennedy 7301, Dpto 64D, Las Condes
	Santiago de Chile, Chile
<u>- </u>	
Use attachment if necessary)	
max mee at the earlier	ALL CCV (OPTION
	the date of filing: (OPTION
ective agre is listea. The agre mil	st be specific and cannot be more than five business da
days after the date of filing.)	
days after the date of filing.) REQUIRED SIGNATURE:	COICN
days after the date of filing.)	GISV.
lays after the date of filing.)	W8).

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Fernando A Sucre

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee