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





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07/05/12--01010--031 **155.00 Effective Date $\frac{7}{3}/12$

12 AUG -3 AM 8: 59

AUG 6 2012. T. **HAMPTON**

COVER LETTER

	f Corporations			
SUBJECT: VIA	JES QUIRON CA L	.LC		
		ed Liability Compa	any	
The enclosed Article	es of Organization and fee(s) are	submitted for filing	p.	
	respondence concerning this matt		_	
riease return an cor	respondence concerning this man	er to the following) *	
NORB	S YUBIRI GONZA			
		Name of Person		
		Firm/Company		
4471 N	I.W. 36th STREET S	STE 233		
		Address		
MIAMI S	PRINGS, FL 33166			
<u> </u>		y/State and Zip Code	;	
	E-mail address: (to be used f	on Cataria annual mana	net notification)	
Fan Gushan in Camara		·	nt notification;	
For further informat	ion concerning this matter, please	can:		
YUBIRI GONZALEZ		at (305	889-5300	
Name of Person		Area Code & Daytime Telephone Number		
Enclosed is a chec	k for the following amount:			
125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Col (additional copy	py Certific y is enclosed) Certific	0 Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	on Section of Corporations uilding centive Center Circle see, FL 32301	



RECEIVED

12 AUG -3 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 9, 2012

NORBIS YUBIRI GONZALEZ 4471 NW 36TH ST STE 233 MIAMI SPRINGS, FL 33166

SUBJECT: VIAJES QUIRON CA LLC

Ref. Number: W12000036238

We have received your document for VIAJES QUIRON CA 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 July 9, 2012. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 512A00018379

Effective Date 7/31/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VIAJES QUIRON CA 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:

4471 N.W. 36th STREET STE. 233

MIAMI SPRINGS, FL 33166

4471 N.W. 36th STREET STE. 233 MIAMI SPRINGS, FL 33166

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:

NORBIS YUBIRI GONZALEZ

Name

4471 N.W. 36th Street Ste. 233

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

MIAMI SPRINGS

_{FL} 33166

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE OF STATE OF SOCIORATIONS

12 AUG -3 AM 8: 50

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing	Member
MGR	NORBIS YUBIRI GONZALEZ
	4471 N.W. 36TH STREET STE 233
	MIAMI SPRINGS, FL 33166
MGRM	AILEC ELENA BORRERO
	4471 N.W. 36TH STREET STE 233
	MIAMI SPRINGS, FL 33166
MGRM	EITHER VLADIMIR GONZALEZ
	343 SOUTH STREET
	SOUTHBRIDGE, WA 01550-4018
(Use attachment if nece	ssarv)
•	
RTICLE V: Effective date,	if other than the date of filing: <u>JULY 31, 2012</u> . (OPTIONAL)
	t be prior to nor more than 90 days after the date this document is filed by State; <u>AND</u> 2) must be the same as the effective date listed in the attached
	an effective date listed therein.)
POHIDED CICKIATUDE.	
<u>EQUIRED</u> SIGNATURE:	Af chief
Signature of a m	ember or an authorized representative of a member.
the penalties of perjury that	608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the facts stated herein are true. I am aware that any false information submitted in a t of State constitutes a third degree felony as provided for in s.817.155, F.S.)
N	Typed or printed name of signee
	Typed or printed name of signee

Page 2 of 2

SECRETARY OF STATE VS