

# 07/14/14 05:33 PM Jelen Accounting Services Inc 305-591-9167 P. 1  
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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : JELEN ACCOUNTING SERVICES, INC  
Account Number : I201200000052  
Phone : (305) 591-9180  
Fax Number : (305) 591-9167

EFFECTIVE DATE  
7-11-2014

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jelenaccountingservices@gmail.com

FLORIDA LIMITED LIABILITY CO.  
PASSEPARTOUT TRAVEL SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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2014 JUL 15 AM 11:05

FILED

EFFECTIVE DATE  
7-11-2014

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PASSEPARTOUT TRAVEL SERVICES, LLC

ARTICLE II - Address:

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

Principal Office Address:

4851 NW 79<sup>TH</sup> AVENUE, SUITE 5  
MIAMI, FL. 33166

Mailing Address:

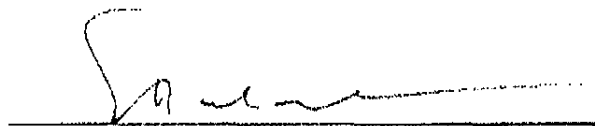
4851 NW 79<sup>TH</sup> AVENUE, SUITE 5  
MIAMI, FL. 33166

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

JELEN ACCOUNTING SERVICES, INC.  
8181 NW 36 STREET, SUITE 13AB  
DORAL, FL. 33166

*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 605, F.S..*



Registered Agent's Signature

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

AMBR CYNTHIA LILUE  
1901 BRICKELL AVENUE, APT B 102  
MIAMI, FL. 33129

AMBR DANIEL ENRIQUE CIVAL  
1901 BRICKELL AVENUE, APT B 102  
MIAMI, FL. 33129

AMBR MANUEL SEBASTIAN ESCOTET  
11376 NW 68 STREET  
DORAL, FL. 33178

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TALLAHASSEE, FLORIDA

**ARTICLE V:** Effective date, if other than the date of filing: July 11, 2014

**ARTICLE VI: Purpose**

TRAVEL AGENCY

REQUIRED SIGNATURE:

  
Signature of a member or an authorized representative of a member.

*(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)*

CYNTHIA ELAINE LILUE  
Typed or printed name of signee