

**L14000121470**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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Account Name : CORP USA  
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**FLORIDA LIMITED LIABILITY CO.  
CORNUCOPIA TOURS, LLC**

Certificate of Status	0
Certified Copy	1
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This Instrument Prepared By:

JOHN P. MAAS, ESQUIRE  
44 NE 16<sup>th</sup> Street  
Homestead, Florida 33030  
305-247-7132  
Florida Bar No. 435910

**ARTICLES OF ORGANIZATION**  
**OF**  
**CORNUCOPIA TOURS, LLC**

**ARTICLE I:**

The name of this limited liability company shall be: CORNUCOPIA TOURS, LLC,  
Florida limited liability company.

**ARTICLE II:**

The mailing address and street address of the principal office of the limited liability  
company shall be as follows:

MAILING ADDRESS:  
24050 SW 162 Avenue  
Homestead, Florida 33031

PHYSICAL ADDRESS:  
24050 SW 162 Avenue  
Homestead, Florida 33031

**ARTICLE III:**

The name and the Florida street address of the registered agent for CORNUCOPIA  
TOURS, LLC, are as follows:

MARGIE BUSTER  
24050 SW 162 Avenue  
Homestead, Florida 33031

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TALLAHASSEE, FL 32301

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.

  
MARGIE BUSTER

ARTICLE IV:

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

MARGIE BUSTER (AMBR)  
24050 SW 162 Avenue  
Homestead, Florida 33031

DATED this 3<sup>rd</sup> day of July, 2014.

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MARGIE BUSTER, Authorized Member

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