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SECRETARY OF STATES
ALL AHASSEF, FLORIDA

Spy

COVER LETTER

Division of Corporations		
SUBJECT: FRAVEL MULTISERVICES, LLC		
Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) an	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
FRANCISCO VELASQUEZ	Name of Person	
FRAVEL MULTISERVICES, LLC	Firm/Company	
	, mile company	
8309 SW 137TH AVE	Address	
MIAMI, FL 33183	City/State and Zip Code	
CAROLAISA23@HOTMAIL COM	d for future annual report notifica	tion)
For further information concerning this matter, plea	ase call:	
FRANCISCO VELASQUEZ at () Name of Person		ephone Number
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adding Registration Section Division of Corporate Clifton Building 2661 Executive Center Adding 2661 Executive Center Registration Building 2661 Executive Center Registration Building 2661 Executive Center Registration Regis	ions

Tallahassee, FL 32301 -

ARTICLES OF ORGANIZATION FOR FL	ORIDA LI	MITED LIABILIT	YCOMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is:					
FRAVEL MULTISERVICES, LLC					•
(Must end with the words "Limited L	iability C	ompany, "L.L.C.,	," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the	Limited Liability	Company is:		
rincipal Office Address:	Mailing	Address:			
3309 SW 137TH AVE MIAMI, FL 33183		N 137TH AVE FL 33183			
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own R nother business entity with an active Florida registration.	egistered	ed Agent's Signa Agent. You must	ature: designate an ir	 ndividu	al or
The name and the Florida street address of the registered a	gent are:				
REINERIO HERNANDEZ			_		
Name					
10801 SW 102 PLACE			_		
Florida street address (P.O. Box 1	<u>IOT</u> acce	otable)			
MIAMI	FL_	33176	_		
City		Zip			
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligence of the control of the	he appoint all statute	tment as registere s relating to the p ny position as reg	ed agent and ag proper and com	ree to a plete pe	ict in this erformance
Registered Agent's Signatu	re (PEOU	(PETI)	— ≓co		
(CONTINUE)		IKLD)	SECRETA	4 AUG -1	Species di Lan Biologia
Page 1 of 2	-,		ARY OF STATE. SSEE, FLORIDA	-1 PH 4: 15	

### FRANCISCO VELASQUEZ ### Sage SW 137TH AVE ### MIAMI, FL 33176 Copyright	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
(Use attachment if necessary) CICLE V: Effective date, if other than the date of filing:	"MGR" = Manager			
(Use attachment if necessary) FICLE V: Effective date, if other than the date of filing:	- NA A D			
(Use attachment if necessary) FICLE V: Effective date, if other than the date of filing:	MOR	MIAMI FL 33176		
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:	•	1411/4411, 1 E 00110		
ICLE V: Effective date, if other than the date of filing:				
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Separture 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.) FRANCISCO VELASQUEZ Typed or printed name of signee Filling Fees: \$ 30.00 Certificate of Status (Optional) \$ 5.00 Certificate of Status (Optional)				
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ICLE V: Effective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a late of filing.) ICLE VI: Other provisions, if any. REOUIRED SIGNATURE: REOUIRED SIGNATURE: REOUIRED SIGNATURE: (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.) FRANCISCO VELASQUEZ Typed or printed name of signee Filling Fees: \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)				
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