

Division of Corporations

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**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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**To:**  
Division of Corporations  
Fax Number : (850) 617-6381

**From:**  
Account Name : MONAHAN MIJARES CPA PA  
Account Number : I20050000157  
Phone : (305) 407-1438  
Fax Number : (305) 397-1003

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

**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
Alpi Vljates C.A., LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

15 JUN 15 PM 12:33

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*cmd 6/16*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ALPI VIAJES C.A. LLC.**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROARK R. MONAHAN

Name of Person

MONAHAN MIJARES CPA, PA

Firm/Company

75 Valencia Avenue Ste 703

Address

Coral Gables, FL 33134

City/State and Zip Code

elismor.castillo@mma.com.ve

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROARK R. MONAHAN

Name of Person

at ( 305 )

Area Code

407-14-40

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$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 Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ALPI VIAJES C.A., 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:**

75 Valencia Avenue Ste 703  
Coral Gables, 33134

**Mailing Address:**

75 Valencia Avenue Ste 703  
Coral Gables, 33134

**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:

ROARK R. MONAHAN

Name

75 Valencia Avenue, Ste 703

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

Coral Gables,

FL 33134

City

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 605, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ALPI VIAJES C.A., LLC.  
Coral Gables, FL 33134

**ARTICLE IV-**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRMGRName and Address:Linda Sonderman  
75 Valencia Avenue Ste 703  
Coral Gables 33134Robert Sonderman  
75 Valencia Avenue Ste 703  
Coral Gables 33134

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing:07/01/2015

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.The company will be a Manager Managed LLCArticle VII. Business purpose: Tourism Agency Services and any other lawful business**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.)

Robert SondermanLinda Sonderman

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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