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15 SEP 28 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 1 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lev Travel, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alejandro Levin
Name of Person

Lev Travel, LLC
Firm/Company

271 NE 201 Ter.
Address

Miami, FL 33179
City/State and Zip Code

Alex@altertravelmiami.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandro Levin at 786 371-8140
Name of Person Area Code Exchange 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:

Lev Travel, 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:

271 NE 201 Ter.
Miami, FL 33179

Mailing Address:

271 NE 201 Ter.
Miami, FL 33179

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:

Lucca Levin

Name

271 NE 201 Ter.

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

Miami

City

FL

33179

Zip

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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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

LUCCA Levin
271 NE 201 Ter.
Miami, FL 33179

Alejandro Levin
271 NE 201 Ter.
Miami, FL 33179

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____, (OPTIONAL) **15 SEP 28 PM 4:09**
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to the date of filing.)

ARTICLE VI: Other provisions, if any

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.)

Alejandro Levin

Typed or printed name of signer

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)