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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
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### **COVER LETTER**

	Registration Section Division of Corporations
SUBJEC	The Booking Cloud LLC.
SUBJEC	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Brian Dass
	Name of Person
	Firm/Company
	1521 Alton Road, #461
	Address
	Miami Beach, Florida 33139
	City/State and Zip Code
	brian680301@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	nformation concerning this matter, please call:
	Brian Dass 917 6814627
	Name of Person Area Code Daytime Telephone Number
Enclosed	s a check for the following amount:
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

## Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	11's - Commence in			
The name of the Limited Liab	ility Company is:			主要专
The Booking Clou	d LLC.			
(Must er	nd with the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")	NASS I
ARTICLE II - Address: The mailing address and stree	t address of the principal o	office of the Limited	d Liability Company is:	335. W OF
•			•	FG F
<u>Princ</u>	cipal Office Address:		Mailing Address:	35.
1521 Alton Road,	#461	152	21 Alton Road, #461	
Miami Beach, FL			ami Beach, FL 33139	
	Brian Dass  1521 Alton Road, #4	Name		
	Florida street addres		acceptable)	
	Miami Beach	FL	33139	
	City	State	Zip	
place designated in this certifica further agree to comply with the	ate, I hereby accept the app e provisions of all statutes r e obligations of my position	ointment as registe elating to the prope as registered agent	the above stated limited liability co red agent and agree to act in this er and complete performance of m it as provided for in Chapter 605, atture (REQUIRED)	capacity. I sy duties, and l

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:	market district
"MGR" = Manager		1
AMBR	Brian Dass	23
	1521 Alton Road, #461	<u> </u>
	Miami Beach, FL 33139	<u> </u>
AMBR	Kristiana Kolc-Dass	Pu <sub>2</sub>
7 117 127 1	1521 Alton Road, #461	<del>32</del>
	Miami Beach, FL 33139	me
		····
E V: Effective date, if other than the date extive date is listed, the date must be sp	of filing:ecific and cannot be more than five business	(OPTIONAL) days prior to or 90
ective date is listed, the date must be sp of filing.)	ecific and cannot be more than five business meet the applicable statutory filing requiremen	days prior to or 90
E V: Effective date, if other than the date extive date is listed, the date must be sp f filing.) the date inserted in this block does not r	ecific and cannot be more than five business meet the applicable statutory filing requiremen	days prior to or 90
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