

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 : CORP USA
 Account Number : 072450003255
 Phone : (305) 634-3694
 Fax Number : (305) 633-9696

16 APR 13 PM 12:33

****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. CRUISE PORT CONSULTANTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

EFFECTIVE DATE

4/7/16

APR 1 2016

Electronic Filing Menu

Corporate Filing Menu

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16 APR 13 PM 12:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

109245

(4)

COVER LETTER

7160000091723

TO: Registration Section
Division of Corporations

SUBJECT: Cruise Port Consultants, 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:

Juan Trescastro

Name of Person

Carlos Garcia P.A.

Firm/Company

500 South Dixie Highway Suite 202

Address

Coral Gables, FL 33146

City/State and Zip Code

cjgarcia@cgpallaw.com

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

For further information concerning this matter, please call:

Carlos Javier Garcia at 305 779-2479

Name of Person

Area Code

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:

Cruise Port Consultants, 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:

Mailing Address:

6825 SW 111th Terrace, Pinecrest, FL 33156

6825 SW 111th Terrace, Pinecrest, FL 33156

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:

Carlos Javier Garcia

Name

600 S. DIXIE HWY, SUITE 202

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

Coral Gables

FL

33146

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)

Page 1 of 2

16 APR 13 PM 12:33

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Managing Member

Name and Address:

Juan Trecaastro

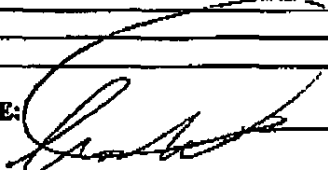
5825 SW 111 th Terrace, Pincrest, FL 33156

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/7/16 (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.

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.)

Carlos Javier Garcia

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)