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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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FLORIDA LIMITED LIABILITY CO.  
CUBASOL INTL TRAVEL LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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MAY 9 2016

S. GILBERT



May 5, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: CUBASOL INTL TRAVEL LLC  
REF: W16000033176

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

In order to process this document, you would need to submit a statement showing that the previous business entity is dissolved and you would be able to use this entity name for your current business.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams  
Regulatory Specialist II

FAX Aud. #: H16000111507  
Letter Number: 016A00009476

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Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of CUBASOL INTL TRAVEL LLC of Doc # L15000104242 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

Loida Triana

H16000111507

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

Add Tax ID: 47-4347592

**ARTICLE I - Name:**

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

Cubasol Intl Travel LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

15695 SW 20th Street  
Miami FL 33185

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: (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.)

Loida Triana  
15695 SW 20th Street  
Miami FL 33185

**ARTICLE IV-**

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

Loida Triana (AMBR)  
Frank Triana (AMBR)

16 MAY -6 1:13  
MAY 16 2016  
STATE OF FLORIDA

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**Required Signatures:**



**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.



**Typed or printed name of signee**

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)**

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