

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L170000531012574

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000053101 3)))



H170000531013ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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.
LANDETA LUXURY TRAVEL LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H17000053101

OF

LANDETA LUXURY TRAVEL LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: LANDETA LUXURY TRAVEL LLC

ARTICLE II - Address:

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

Principal Office Address: 343 SW 187TH TERRACE
PEMBROKE PINES, FL 33029

Mailing Address: 343 SW 187TH TERRACE
PEMBROKE PINES, FL 33029

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 FEB 24 AM 9:55

FILED

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:

ELEANE ANDINO-LANDETA
343 SW 187TH TERRACE
PEMBROKE PINES, FL 33029

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)

H17000053101

ARTICLE IV-

H17000053101

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

ELEANE ANDINO-LANDETA
343 SW 187TH TERRACE
PEMBROKE PINES, FL 33029

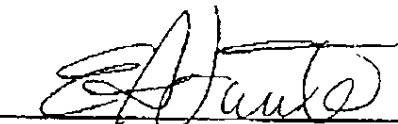
MANAGER MEMBER

ARTICLE V-

Effective date, if other than the date of filing: _____ (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.)

IN WITNESS THEREOF, the undersigned has executed these ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY this 23rd DAY OF FEBRUARY, 2017.

SIGNATURE: _____



ELEANE ANDINO-LANDETA, MANAGER MEMBER

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.)

H17000053101