

**U4900216063**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

((H18000265043 3)))



H180002650433ABC5

**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.  
FLY PENGUINS LLC**

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

850-617-8381

9/12/2018 9:39:28 AM PAGE 1/001 Fax Server



September 12, 2018

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

SUBJECT: FLY PENGUINS LLC  
REF: W18000081362

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.

Please list the complete principal office address.

Please list the city and state throughout the document.

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

Nadira D McClees-Sams  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H18000265043  
Letter Number: 718A00018912

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Fly PENGUINS LLC

**ARTICLE II - Address:**

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

17000 NORTH BAY RD #1109

Sunny Isles Beach FL 33160

**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.)*

NEFI PATRICIO CONTRERAS

17000 NORTH BAY RD #1109

Sunny Isles Beach FL 33160

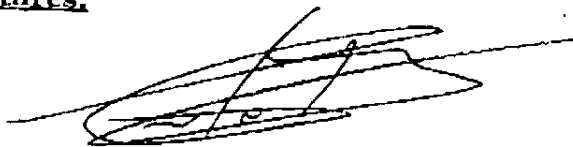
**ARTICLE IV**

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

NEFI PATRICIO CONTRERAS AMBR

AMADEO LUIS MIRON AMBR

ANTIGONA LUZARDO MUÑOZ AMBR

**Required Signatures:**

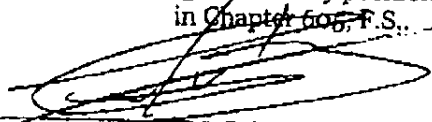
**Signature of a member or an authorized representative of a member.**

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.

NSK Patricia Couvares

**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)**