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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FANJUL CPA, INC. Account Number : I20130000039 Phone : (305)603-8791 Fax Number : (877)503-6086

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

119 JULI 10 AM 9: 26

FLORIDA LIMITED LIABILITY CO. AGENCIA LUX TRAVEL LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

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To:

Fax: (850) 617-6381

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

19 JUN 10 AH & 58

AGENCIA LUX TRAVEL LLC

(Must contain 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:

 9975 NW 46TH STREET APT 109
 9975 NW 46TH STREET APT 109

 DORAL, FL 33178
 DORAL, FL 33178

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:

ALEJANDRO BAEZ

Name

9975 NW 46TH STREET APT 109

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

DORAL FL 33178

City State 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)

	ADTICLE IV		to manage and control the Limited Liability Co	Box of the	
	The name and address of	of each person authorized	to manage and control the Limited Liabilia Ca	odioany:	
	Title: "AMBR" = Authorized	Member	Name and Address:	ON TO SH S	'5≨
	"MGR" = Manager				
	AMBR		ALEJANDRO BAEZ		
			9975 NW 46TH STREET APT 109		
			DORAL, FL 33178		
	AMBR		ARMANDO RINCON		
			9975 NW 46TH STREET APT 109		
			DORAL, FL 33178	-	
				·	
	-				
ARTICI	(Use attachment if neces	ssary) ther than the date of filing:	:(OPTION	141)	
(If an eff the date <u>Note:</u> I	Tective date is listed, the of filling.) If the date inserted in this	date must be specific and	1 cannot be more than five business days prio	or to or 90 days a	
ARTICI	LE VI: Other provisions, i	fany.			
	REQUIRED SIGNATU	DRE:	JAC 7		
	Si	gusture of a member or	an authorized representative of a member.		
	This doc	rument is executed in acc	ordance with section 605,0203 (1) (b), Florida	Statutes.	
	i am awa	are that any talse informat	tion submitted in a document to the Departmen s provided for in s.817.155, F.S.	t of State	
	constitut	ces a uniti degree reiony as	s provided for in \$.817.155, r.5.		
	<u>A</u>	LEJANDRO BAEZ			
	_	Typed	or printed name of signee		

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)

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Fax Number

: (850)617-6381

From:

Account Name : FANJUL CPA, INC. Account Number : I20130000039 Phone : (305)603-8791 Fax Number : (877)503-6086

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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Email Address:_____

FLORIDA LIMITED LIABILITY CO. LUX SERVICE WORLD LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	ART	CI	Γ	i	N.	ine:
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The name of the Limited Liability Company is:

LUX SERVICE WORLD LLC

(Must contain 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:

9975 NW 46TH STREET APT 109	9975 NW 46TH STREET APT 109
DORAL, FL 33178	DORAL, FL 33178
	V II. 11.1 1.

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:

ALEJANDRO BAE	2	
	Name	
9975 NW 46TH ST	REET APT 109	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
DORAL	FL	33178
City	State	7in

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Fax: 18775036086

To:

Fax: (850) 617-6381

Page: 3 of 3

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The name an	d address of each person author	ized to manage and control the Limited L	ability Company 200
Title:		Name and Address:	ability Company
	Authorized Member		- 17/A
"MGR" = M			44 6
AMBR		ALEJANDRO BAEZ	3:*
		9975 NW 46TH STREET APT 10	
		DORAL, FL 33178	
AMBR		ARMANDO RINCON	
100000	·	9975 NW 46TH STREET APT 10	<u> </u>
		DORAL, FL 33178	
		DORAE, FE 33176	
			
	_ -		
			
(Use attachm	ent if necessary)		
A PARTICULAR DE LA VARIO CO		•••	
AKTICLE V: Effective	ve date, if other than the date of fi	ling:	(OPTIONAL)
	usten, the date must be specific	c and cannot be more than five business	days prior to or 90 days after
the date of filing,) Note: If the data inco	etad in this blook door was made	the and limble states on this constitution	and the description of the second
	ive date on the Department of Si	the applicable statutory filing requirement	is, this date will not be listed a:
are document 5 citeet	ive date on the Department of Si	ate s records.	
ARTICLE VI: Other p	provisions, if any.		
		<i></i>	
REOURED	SIGNATURE:		
	1-	117	
	Signature of a member		
	Signature of a member	r or an authorized representative of a r	member,
	This document is executed in	accordance with section 605.0203 (1) (b), Florida Statutes.
	This document is executed in I am aware that any false info	or an authorized representative of a in accordance with section 605.0203 (1) (bornation submitted in a document to the Dony as provided for in s.817.155, F.S.), Florida Statutes.
	This document is executed in I am aware that any false info constitutes a third degree felo	n accordance with section 605.0203 (1) (bornation submitted in a document to the Dony as provided for in s.817.155, F.S.), Florida Statutes.
	This document is executed in I am aware that any false info constitutes a third degree felo ALEJANDRO BAEZ	n accordance with section 605.0203 (1) (bornation submitted in a document to the Dony as provided for in s.817.155, F.S.), Florida Statutes.

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