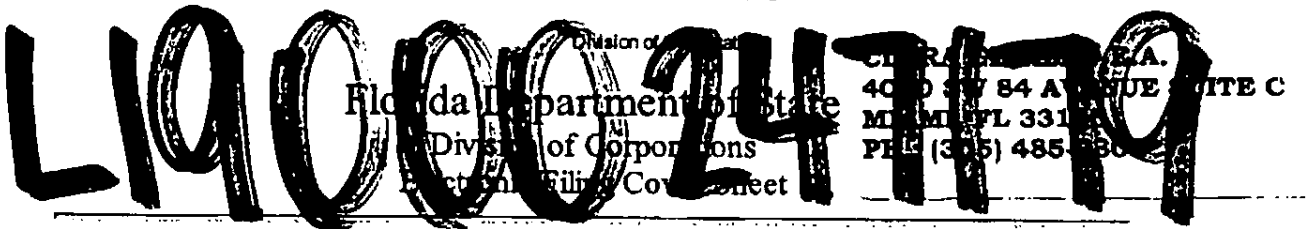


10/11/2019



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To:

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

From:

Account Name : CLARA GIRALDO ENROLLED AGENT
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

****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.
BELLILEY TRAVEL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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CLARA GIRALDO E.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33153
PH.: (305) 485-9300

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

BELLILEY TRAVEL, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

BELLILEY TRAVEL, LLC

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

17011 N. BAY ROAD APT 803
SUNNY ISLES, FL. 33160

The mailing address shall be:

17011 N. BAY ROAD APT 803
SUNNY ISLES, FL. 33160

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

LEYDI COROMOTO VERA VALERA

17011 N. BAY ROAD APT 803
Florida Street address (P.O.BOX NOT acceptable)
SUNNY ISLES, FL. 33160
City, State, and Zip

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CLARA GIRALDO E.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

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


ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

MANUEL ANTONIO IZTURRIAGA ARVELO **MANAGER**
17011 N. BAY ROAD APT 803
SUNNY ISLES, FL. 33160

LEYDI COROMOTO VERA VALERA **MANAGER**
17011 N. BAY ROAD APT 803
SUNNY ISLES, FL. 33160

(An additional article must be added if an effective date is requested)



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.)

LEYDI COROMOTO VERA VALERA
Typed or printed name of signee