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(Requestor's Name)	
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PICK-UP	WAIT	MAIL
 ,	(Business Entity Name)	
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	(Document Number)	•
Certified Copies	Certificates of	f Status
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Special Instructions to	Filing Officer:	

T. SCOTT Only
APR - 7 2022



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COVER LETTER

TO: New Filing Section Division of Corporations HOSPITALITY AGENCY LLC SUBJECT: TRAVELLITE Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: BRANDON REYBO MOISE AGENCY LLC TRAVELLITE HOSPITALITY Firm/Company 900 NE 156 TERRACE Address NORTH MIAMI BEACH, FL 33162
City/State and Zip Code BRANDONM332 @ GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BRANDON REYBO MOISE at (786) 376 - 4765 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: \$125.00 Filing Fee □\$160.00 Filing Fee, □\$130.00 Filing Fee & □S155.00 Filing Fee & Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TRAVELLITE HOSPITALITY AGENCY LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

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

Principal Office Address:

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

900 NE 156 TERRACE NORTH MIAMI BEACH, FL, 3316	900 NE 156 TERRACE NORTH MIAMI BEACH, FL, 33162
ARTICLE III - Registered Agent, Registered Office, & I (The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.)	Registered Agent's Signature: gistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	ent are:
BRANDON B	EYBO MOISE
	TERRACE 2.O. Box NOT acceptable)
NORTH MIAMI	BEACH, FL 33162
City	State Zip
Having been named as registered agent and to accept service place designated in this certificate, I hereby accept the appoint further agree to comply with the provisions of all statutes relains am familiar with and accept the obligations of my position as	timent as registered agent and agree to act in this capacity. The ting to the proper and complete performance of my duties, and I

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Mailing Address:

900 NE 156 TERRACE

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AM BIR	BRANDON REYBO MOISE
IIII	900 NE 156 TERRACE NORTH MIAMI BEACH, FL, 33162
	NORTH MIAMI BEACH, FL, 33162
····	
	
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(Use attachment if necessary)	·
CLE V: Effective date, if other than the effective date is listed, the date must ate of filing.) If the date inserted in this block does occument's effective date on the Department.	es not meet the applicable statutory filing requirements, this date will not be listed a
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does not be determined in the Department's effective date on the Department.	t be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed a
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does	t be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed a runent of State's records.
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CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Departure of the Departur	the specific and cannot be more than five business days prior to or 90 days afters not meet the applicable statutory filing requirements, this date will not be listed retirent of State's records. The second of a member or an authorized representative of a member. So executed in accordance with section 605.0203 (1) (b), Florida Statutes. The second of the second

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)