# Laa000420630

(	(Requestor's Name)
(	(Address)
(	(Address)
(	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(	(Business Entity Name)
	(Document Number)
`	,
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



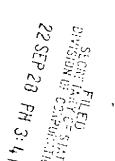
300388839373

S. CHATHAM

SEP 29 2022

2022 SEP 28 PH 2: L

RECEIVED



# , Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

# **ORDER FORM**

**TO** Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com

850.656.7953

**REQUEST\_DATE** 9/28/2022

**PRIORITY** Regular Approval

OUR REF.# (Order ID#) 1074358

ORDER ENTITY

BLEND TRAVEL STUDIO LLC

PLEASE PERFORM THE FOLLOW	ING SEI	<b>?VICES:</b>
BLEND TRAVEL STUDIO LLC	FL)	

New LLC filing

NOTES:

\$125.00 Authorized

Email address for annual report reminders: radiv@incserv.com

### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, September 28, 2022

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

Blend Travel S	t contain the words "Limited I	iahility Campany	et 1 C " or et 1 C ")	
tivius	reomain the words Timileu i	Mathing Company,	Taraca, or tarea )	
ARTICLE II - Address: The mailing address and st	reet address of the principal of	ffice of the Limited	Liability Company is:	
<u>Pr</u>	rincipal Office Address:		Mailing Address:	
7950 NW 53rd	St. Suite 337	7950	NW 53rd St. Suite 337	
Miami, FL 331	66	Miar	ni, FL 33166	- - ~ '
	<del> </del>	<del></del>		_ ~
				ſΛ
ARTICLE III - Registere	d Agent, Registered Office, a	& Registered Agen	it's Signature:	SEP
(The Limited Liability Con		Registered Agent. 3	nt's Signature: You must designate an individual or	<i>\range</i>
(The Limited Liability Con		Registered Agent. 3		SEP 28 P
(The Limited Liability Con another business entity wit	npany cannot serve as its own	Registered Agent. \( \) n.)		FH FH
(The Limited Liability Con another business entity wit	mpany cannot serve as its own th an active Florida registratio street address of the registered	Registered Agent. \( \) n.) agent are:		<b>₩</b>
(The Limited Liability Con another business entity wit	mpany cannot serve as its own than active Florida registratio	Registered Agent. \( \) n.) agent are: es, Ltd.		FH FH
(The Limited Liability Con another business entity wit	mpany cannot serve as its own th an active Florida registratio street address of the registered	Registered Agent. \( \) n.) agent are:		FH FH
(The Limited Liability Con another business entity wit	mpany cannot serve as its own th an active Florida registratio street address of the registered	Registered Agent. \( \) n.) agent are: es, Ltd.		FH FH
(The Limited Liability Con another business entity wit	mpany cannot serve as its own th an active Florida registratio street address of the registered <u>Incorporating Service</u>	Registered Agent. Vn.) agent are: es. Ltd. Name	You must designate an individual or	FH FH
(The Limited Liability Con another business entity wit	mpany cannot serve as its own th an active Florida registratio street address of the registered <a href="Incorporating Service">Incorporating Service</a> <a href="Incorporating Service">1540 Glenway Drive</a>	Registered Agent. Vn.) agent are: es. Ltd. Name	You must designate an individual or	FH FH

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)

Weliosa A Moseau .
Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager  MGR	Maria Eugenia Lopez 7950 NW 53rd St. Suite 337 Miami, Fl. 33166	<u>c</u> ,
(Use attachment if necessary)		
LE V: Effective date, if other than the date of filing:		(OPTIONAL)

ARTICLE IV-

the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any,

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.