12/2/22, 5:20 PM

Division of Corporations

# 22 Ord reamon of tas 30 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.

(((H22000407260 3)))



H220004072603AECX

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Co Fax Number	rporations : (850)617-6381
From:		
	Account Name	: JFS CONSULTING SERVICES LLC
	Account Number	: 120220000092
	Phone	: (786)440-5553
	Fax Number	: (786)279-5272
•Enter	the email addres	s for this business entity to be used for futur

# FLORIDA LIMITED LIABILITY CO. POWER TRAVEL ASSISTANCE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

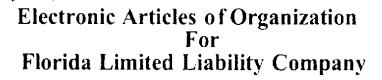
Electronic Filing Menu

Corporate Filing Menu

Help



 $\ddot{\varpi}$ 



## Article I

The name of the Limited Liability Company is:

POWER TRAVEL ASSISTANCE LLC

# Article II

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

1571 Sawgrass Corporate Pkwy SUITE 110 SUNRISE, FL 33323

The mailing address of the Limited Liability Company is:

1571 Sawgrass Corporate Pkwy SUITE 110 SUNRISE, FL 33323

#### Article III

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS

#### Article IV

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

JFS CONSULTING SERVICES LLC 2627 NE 203RD ST SUITE 218 AVENTURA, FL. 33180

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.

Registered Agent Signature: JORGE SCHNEIDER



#### Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR CELSO GUELFI 1571 Sawgrass Corporate Pkwy SUITE 110 SUNRISE, FL 33323

## Article VI

The effective date for this Limited Liability Company shall be:

12/02/2022

Signature of member or an authorized representative

Electronic Signature: CELSO GUELFI

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.15 5. F. S. I understand the réquirement to file an annual report between January 1st and May 1st in the calendar year following formation for the LLC and every year thereafter to maintain "active" status.