Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USA GESTIONES, LLC

Account Number : I20230000016

Phone : (305)965-6948 Fax Number

: (305)508-6375

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

Brail Address: EMPRESAS @ USAGESTIUNES. 104

FLORIDA LIMITED LIABILITY CO.

Silver Fly Travel, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

To:

H 23000 1285903

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member	
"MGR" = Manager	
MBR	Gerardo Armesto Percz
	990 Biscavne Blvd
	Miami, FL 33132
MBR	Iron A Duddama Chara
MDK	Jose A Rodriguez Silvera 990 Biscavne Blvd
	Miami. FL 33132
(Use attachment if necessary)	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - No	ame:
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The name of the Limited Liability Company is:

Silver Fly Travel, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
990 Biscayne Blvd. Ste. 501-16	990 Biscayne Blvd. Ste. 501-16
Miami, FL 33132	Miami, FL 33132

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:

Gerardo Armesto P	erez	
	Name	
12326 SW 195th Te	стасе	
Florida street addre	ss (P.O. Box <u>NOT</u> acc	eptable)
Miami	Florida	33177
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. 1 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 yeart as provided for in Chapter 605, F.S..

Registered Agent's Signimire (REQUIRED)

(CONTINUED)

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