

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : GG CONSULTING SERVICES CORP
Account Number : I20210000143
Phone : (786)631-8656
Fax Number : (786)360-4066

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.
SMARTTRAVELING INVESTMENT GROUP LLC

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

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Corporate Filing Menu

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T. MATTHEWS

NOV 29 2023

2023 NOV 28 PM 1:39

2023 NOV 27 PM 4:23

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SMARTRAVELING INVESTMENT GROUP LLC
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:

ORLANDO J GONZALEZ

Name of Person

GG CONSULTING SERVICES CORP

Firm/Company

95 MERRICK WAY, THIRD FLOOR, SUITE 300

Address

CORAL GABLES, FL 33134

City/State and Zip Code

OGONZALEZ@GGCONSULTINGSERVICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ORLANDO J GONZALEZ 786 631-8656
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(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 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2023 NOV 27 PM 4:23

SMARTTRAVELING INVESTMENT GROUP LLC

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

STATE
ALABAMA FL

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:C/O 95 MERRICK WAY, THIRD FLOORC/O 95 MERRICK WAY, THIRD FLOORSUITE 300SUITE 300CORAL GABLES, FL 33134CORAL GABLES, FL 33134

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:

GG CONSULTING SERVICES CORP

Name

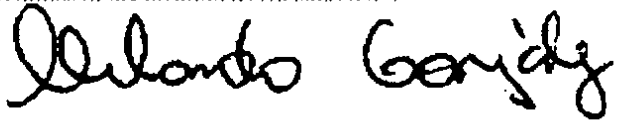
95 MERRICK WAY, THIRD FLOOR, SUITE 300Florida street address (P.O. Box **NOT** acceptable)CORAL GABLESFL33134

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. 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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

SILVIA PILAR GUERRERO ENCARNACION
C/O 95 MERRICK WAY, THIRD FLOOR, SUITE 300
CORAL GABLES, FL 33134

AMBR

YOVANNY ROMERO PEREZ
C/O 95 MERRICK WAY, THIRD FLOOR, SUITE 300
CORAL GABLES, FL 33134

AMBR

DAYSY YUDERKA CARO DE LEON
C/O 95 MERRICK WAY, THIRD FLOOR, SUITE 300
CORAL GABLES, FL 33134

AMBR

NANCY CONCEPCION REYES RODRIGUEZ
C/O 95 MERRICK WAY, THIRD FLOOR, SUITE 300
CORAL GABLES, FL 33134

(Use attachment if necessary)

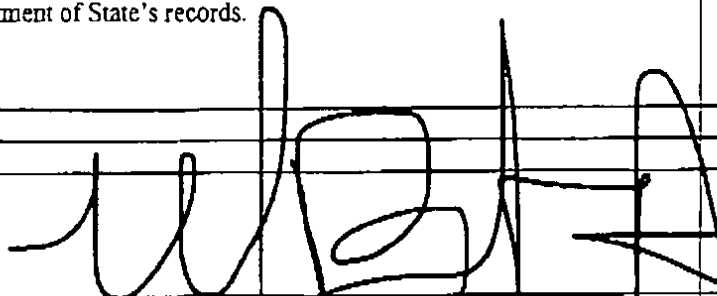
ARTICLE V: Effective date, if other than the date of filing: 11/27/2023. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or 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.

WASCAR ALEXANDER BATISTA GARCIA

Typed or printed name of signer

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)

ARTICLE IV-

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Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

T

ANABELL LOPEZ CASTILLO
C/O 95 MERRICK WAY, THIRD FLOOR, SUITE 300
CORAL GABLES, FL 33134

AMBR

MARIA RAMONA NATERA ORTIZ
C/O 95 MERRICK WAY, THIRD FLOOR, SUITE 300
CORAL GABLES, FL 33134

MGR

WASCAR ALEXANDER BATISTA GARCIA
C/O 95 MERRICK WAY, THIRD FLOOR, SUITE 300
CORAL GABLES, FL 33134

AMBR

CRISTIAN LEROY PAULINO MATOS
C/O 95 MERRICK WAY, THIRD FLOOR, SUITE 300
CORAL GABLES, FL 33134

(Use attachment if necessary)

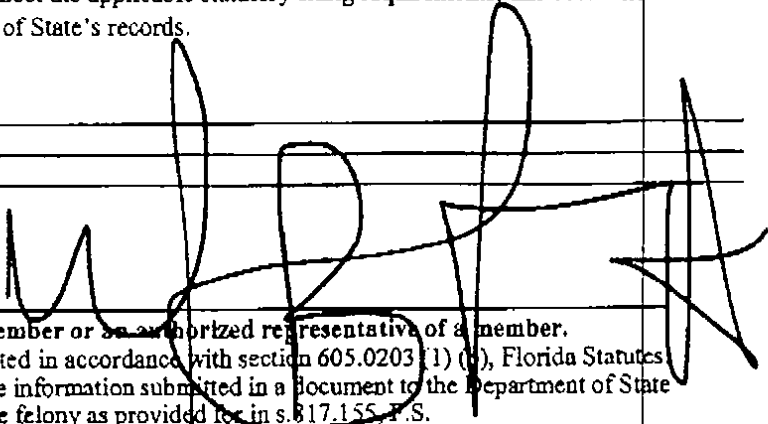
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