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Florida Department of State
Division of Corporations
Electron Filing Cover Sheet

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H24000032397 3

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

From:
Account Name : H & R TAX ADVISORS LLC
Account Number : 120200000057
Phone : (786)657-6652
Fax Number : (786)264-3320

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

Email Address:jannett@hrtaxadvisors.com

FLORIDA LIMITED LIABILITY CO.
FENIX TRAVEL AGENCY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01

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T. MATTHEWS

JAN 26 2024

FILED
2024 JAN 25 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2024 JAN 25 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FL



January 25, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

H & R TAX ADVISORS LLC

SUBJECT: FENIX TRAVEL AGENCY LLC
REF: W24000011760

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey
Regulatory Specialist II

FAX Aud. #: H24000032397
Letter Number: 124A00001566

Estimated Charge	\$125.00
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((H24000032397 3)))

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((H24000032397 3)))

(((H24000032397 3)))

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EFNIX TRAVEL AGENCY LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jannett A. Rodriguez

Name of Person

H&R Tax Advisors LLC

Firm/Company

12741 SW 38TH TER

Address

Miami, FL 33175

City/State and Zip Code

jannett@hrtaxadvisors.com

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

For further information concerning this matter, please call:

Jannett A. Rodriguez

786

857-6252

at _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED**ARTICLE I - Name:**

The name of the Limited Liability Company is:

2024 JAN 25 PM 3: 56

FENIX TRAVEL AGENCY LLCSECRETARY OF STATE
TALLAHASSEE, FL

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

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:14941 SW 114TH TER14941 SW 114TH TERMiami, FL 33196Miami, FL 33196**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:

YANISBEL ALANDA RAMOS

Name

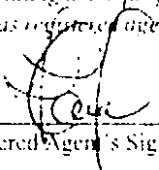
14941 SW 114TH TERFlorida street address (P.O. Box **NOT** acceptable)MiamiFL33196

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.



 Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H24000032397 3)))

(((H24000032397 3)))

ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBRYANISBEL ACANDA RAMOS14941 SW 114TH TERMiami, FL 33196______________________________

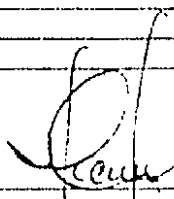
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01.30.2024 (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.YANISBEL ACANDA RAMOS

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)

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