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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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TALLAHASSEE, FL

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

From:
Account Name : H & R TAX ADVISORS LLC
Account Number : I20200000057
Phone : (786)857-6652
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

2024 JAN 25 PM 1:37

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T. MATTHEWS

JAN 26 2024

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.

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Genesis R Kersey
Regulatory Specialist II

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Electronic Filing Menu Corporate Filing Menu Help

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FENIX TRAVEL AGENCY 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:

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 at (786) 857-6252
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

2024 JAN 25 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:
The name of the Limited Liability Company is

FENIX TRAVEL AGENCY LLC

(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 TER	14941 SW 114TH TER
Miami, FL 33196	Miami, 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 TER
Florida street address (P.O. Box NOT acceptable)

Miami	FL	33196
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)

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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	
AMBR	YANISBEL ACANDA RAMOS 13931 SW 114TH TER Miami, 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 signee

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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