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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. A ONE TAXI & TRAVEL LLC

Certificate of Status	1
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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE AND STORE TO STATE AND STORE TO STORE STATE AND STORE STORE

ARTICLE I - Name:

The name of the Limited Liability Company is:

The manufactured chapters Company is:
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
in the chilled Liability
17615W 75+ ARTOZ
- 1/10001 53135 P
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registered Agent. You must designate an individual or another business entity
HEDRO JOSE CASTILLO UZCATEGUI
1761 SX 75+ ARTOZ Mis mi PL 33135
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
FEOCO JOSE CASTILLO UZCATEGUI
(HXDD)

EIN: 33 - 1325839

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.3.

Typed or printed name of signee

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 resition as registered agent as provided for Chapter 605 R.S..

Registered Agents Signature (REQUIRED)

24 OCT -4 PM 6: 47