

L23000120069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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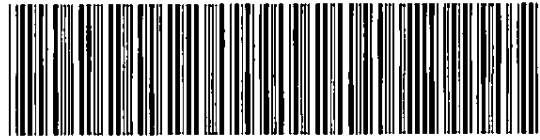
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

AND ASSOCIATES

2023 MAR 15 AM 7:06

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REGISTERED

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
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- CERTIFIED COPY** _____
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1. TOURSYS, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:
TOURSYS, 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:

**9000 SHERIDAN STREET STE 138
PEMBROKE PINES, FL 33024**

Mailing Address:

**9000 SHERIDAN STREET STE 138
PEMBROKE PINES, FL 33024**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**RCG ACCOUNTING & ASSOCIATES, INC.
9000 SHERIDAN STREET SUITE 138
PEMBROKE PINES, FL 33024**

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TALLAHASSEE, FL

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.

/S/ DEBORAH RIOS

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Members/Managers

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

**FRANCISCO FUNG LI
9000 SHERIDAN STREET, STE 138
PEMBROKE PINES, FL 33024**

AMBR

**LUIS ANGEL CARDENAS GARCIA
9000 SHERIDAN STREET, STE 138
PEMBROKE PINES, FL 33024**

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ARTICLE V: EFFECTIVE DATE

The effective date of this filing is March 14, 2023.

REQUIRED SIGNATURE:

/s/ Luis Angel Cardenas Garcia

(Digital 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.

/s/ LUIS ANGEL CARDENAS GARCIA

Typed or printed name of signee