

APR/07/2016 THU 12:24 PM

FAX No.

P.001

4/1/2016

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

H160000816773

Please honor

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000081677 3)))



H160000816773ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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.
FAMA LUIZ SERVICES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

04/08/16

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RECEIVED

16 APR -7 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR -1 AM 11:45

Electronic Filing Menu

Corporate Filing Menu

Help

APR/07/2016/THU 12:24 PM

FAX No.

P. 002

850-617-6381

4/6/2016 2:14:16 PM PAGE 1/001 Fax Server



April 6, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR -1 PM 11:45

SUBJECT: FAMA LUIZ SERVICES, LLC
REF: W16000025442

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 electronic filing cover sheet submitted with your document reflects the incorrect corporate name. The cover sheet must reflect the current name. Please generate a cover sheet under the appropriate corporate name. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000081677
Letter Number: 216A00007046

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

ARTICLE I

The name of the Limited Liability Company and Effective day is:

FAMA LUIZ SERVICES, LLC

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation
"LLC," or "L.C.,")*

ARTICLE II

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

Principal Office Address

7326 COLLINS AVE # 307
MIAMI BEACH, FL 33141

Mailing Address

7326 COLLINS AVE # 307
MIAMI BEACH, FL 33141

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR - 1 AM 11:45

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:

R&P ACCOUNTING & TAXES, INC

Name

200 SE 1ST STREET, SUITE #604

Florida Street address (P.O. Box NOT acceptable)

MIAMI, FL 33131

FL City, State, and 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

X

Registered Agent's Signature (REQUIRED)

ARTICLE IV

***MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each
Person authorized to manage and control the Limited Liability Company:***

Title:

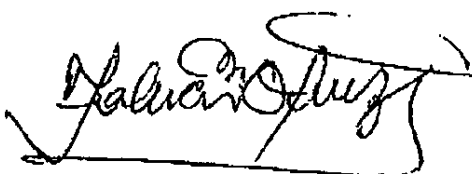
***FABRICIO DE OLIVEIRA LUIZ
7326 COLLINS AVE # 307
MIAMI BEACH, FL 33141***

MANAGER

ARTICLE V

***Effective date, if other than the date of filing (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.***

REQUIRED: SIGNATURE



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

15 APR - 1 AM 11:45

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

(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.)

FABRICIO DE OLIVEIRA LUIZ
Typed or printed name of signer