

7/7/2020

Division of Corporations

L 20000182674
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Fax Number : (850)617-6381

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DEPARTMENT OF STATE
TALLAHASSEE, FL

2020 JUL -7 PM 3:57

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2020 JUL -7 AM 10:01

**FLORIDA LIMITED LIABILITY CO.
FERRAZZO LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A 200002124043

FERRAZZO 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:

680 E 17 STREET
HAIALEAH, FL 33010

680 E 17 STREET
HAIALEAH, FL 33010

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.)

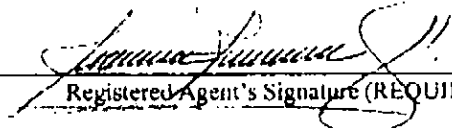
The name and the Florida street address of the registered agent are:

FABIAN A HIDALGO PARRA
Name

680 E 17 STREET
Florida street address (P.O. Box **NOT** acceptable)

HAIALEAH FL 33010
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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A 200002124043

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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

MGR _____

FABIAN ANDRES HIDALGO PARRA
680 E 17 STREET
HIALEAH FL 33010

AMBR _____

LUIS FERNANDO LARIOS
680 E 17 STREET
HIALEAH, FL 33010

(Use attachment if necessary)

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.)

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.

- Fabian Andres Hidalgo Parra

Typed or printed name of signee

DEPARTMENT OF STATE
TALLAHASSEE, FL

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