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

From:  
Account Name : CLARA GIRALDO ENROLLED AGENT  
Account Number : I19990000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

\*\*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.  
THE FAO PROJECT, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2022 JAN 24 PM 11:38

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF  
THE FAO PROJECT, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**THE FAO PROJECT, LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**4519 SW 75AVE  
MIAMI, FL. 33178**

The mailing address shall be:

**4519 SW 75AVE  
MIAMI, FL. 33178**

4519 SW 75 AVE  
MIAMI, FL 33178

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

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

**ABRAHAM CASANOVA**

**4519 SW 75AVE**  
Florida Street address (P.O.BOX NOT acceptable)  
**MIAMI, FL 33178**  
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..



**REGISTERED AGENT'S SIGNATURE**

**ARTICLE IV- MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**ABRAHAM CASANOVA  
4519 SW 75AVE  
MIAMI, FL. 33178**

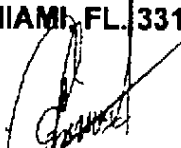
**AMBR**

**ORLANDO MENDOZA  
4519 SW 75AVE  
MIAMI, FL. 33178**

**MANAGER**

**ROSARIO QUINTANILLA  
4519 SW 75AVE  
MIAMI, FL. 33178**

**MANAGER**



**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.)

**ABRAHAM CASANOVA**  
Typed or printed name of signee

01/22/2022 14:19