

L22000216153

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

((H220002161153)))



H220002161153ABCU

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 : DAQA ACCOUNTING INC.
Account Number : 120210000190
Phone : (786)431-1561
Fax Number : (786)364-0121

****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.

FAR Away Management and Consulting LLC

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

RECEIVED

2022 JUN 23 AM 8:03

REGISTRATION
FEE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 JUN 23 PM 12:35

FILED

OK

H22 0002161153

ATX1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FAR Away Management and Consulting LLC

(Must contain the words "Limited Liability," "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:820 NW 87th Ave Apt 314Miami FL 33172820 NW 87th Ave Apt 314Miami FL 33172

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.

Felix A Rodriguez

Name

820 NW 87th Ave Apt 314Florida street address (P.O. Box NOT acceptable)Miami

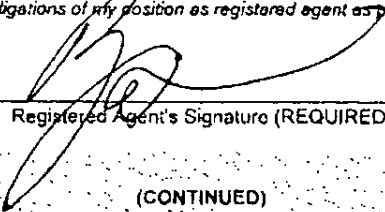
City

FL 33172

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)

FILED

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

22 JUN 23 PM 12:35

H22 0002161153

H220002161153

ATX1

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Felix A Rodriguez

820 NW 87th Ave Apt 314

Miami FL 33172

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/21/2022 (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.

N/A

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.

Felix A Rodriguez

Typed or printed name of signer

FILED
22 JUN 23 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H220002161153