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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAMIGLIA REAL, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BEATRIZ FERNANDEZ
(Name of Person)

W04-27954

(Firm/Company)

14461 SW 294 STREET
(Address)

MIAMI FL 33033
(City/State and Zip Code)

For further information concerning this matter, please call:

Beatriz Fernandez at (305) 898-0845
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
→ 409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

04 JUL 19 AM 10:35
DIVISION OF CORPORATIONS

Beatriz Fernandez
14461 SW 294th Street
Homestead, FL 33033
(305) 898-0845

July 9, 2004

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314
(850) 245-6051

Re: **Cover Letter – Enclosed forms for Articles of Organization with check for filing fees for a Florida Limited Liability Company pursuant to Chapter 608, Florida Statutes**

Please advise if you have any questions by contacting me at (305) 898-0845.

1. The name of the limited liability company is Famiglia Real, LLC.
2. The limited liability company shall be managed by a Managing Member(s) – Brigida Fernandez. The members of the limited liability company may admit additional members only as, and to the extent, provided for in the regulations, as amended from time to time, of the limited liability company upon the consent of the members of the limited liability company.
3. The limited liability company shall commence as of 12:01 A.M. on July ¹²~~9~~, 2004.

Beatriz Fernandez
Beatriz Fernandez
(305) 898-0845

04 JUL 19 PM 10:35

DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 21, 2004

BEATRIZ FERNANDEZ
14461 SW 294 STREET
MIAMI, FL 33033

SUBJECT: FAMIGLIA REAL, LLC
Ref. Number: W04000027954

04 JUL 19 AM 10:35
DIVISION OF CORPORATIONS

We have received your document for FAMIGLIA REAL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your cover letter includes information that is not included in your Articles. If you would like this information to be part of your Articles, they must appear in the Articles themselves. You may add an attachment with additional Articles.

The effective date can be no earlier than 5 business days prior to the day we received your document, so the earliest available effective date is July 12, 2004. THIS IS FINE

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 404A00046172

Mr. Rivers,

Thank you for your
responsiveness -
please discard the
cover letter info - not
included - File Articles
as stated in Attached. xBR

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

FAMIGLIA REAL, LLC

ARTICLE II - Address:

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

Principal Office Address:

FAMIGLIA REAL LLC
PO BOX 654312
MIAMI FL 33165

Mailing Address:

FAMIGLIA REAL, LLC
PO BOX 654312
MIAMI FL 33165

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

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

NOELI VALLADARES
Name
14461 SW 294 ST
Florida street address (P.O. Box **NOT** acceptable)
MIAMI FL FLORIDA 33033
City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 19 AM 10:35

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 608, Florida Statutes..

Noeli Valladares
Registered Agent's Signature

3/2/19

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

BRIGIDA FERNANDEZ
PO BOX 654312
MIAMI FL 33033

MGRM

ARAMIS FERNANDEZ
PO BOX 654312
MIAMI FL 33033

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

ARTICLE V - EFFECTIVE DATE: July 12, 2004.

REQUIRED SIGNATURE:


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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

BRIGIDA FERNANDEZ
Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

04 JUL 19 AM 10:35
CLERK OF STATE
DIVISION OF CORPORATIONS