## 105000044550

Rome (Requestor's Name)		
3399 Fo	XC/OF	
#106	dress)	٠,
Miramar.	A.	336006
(Cit	y/State/Zip/Phor	e#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number	
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer	
5/4	-	- LC





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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
FAMS L.L.C	<del></del>		
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
3399 FOXCROFT ROAD #105	3399 FOXCROFT ROAD # 105		
MIRAMR FL 33025	MIRAMAR FL 33025		
ARTICLE III - Registered Agent, Register The name and the Florida street address of t	ered Office, & Registered Agent's Signature: he registered agent are:		
	ame		
3399 FOXCROFT ROAD	<b>∮105</b>		
Florida stree	t address (P.O. Box NOT acceptable)		
MIRAMAR FL 33025	FL		
City, State, and Zip			
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as i	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S		
	55 5		

(CONTINUED)

Page 1 of 2

## ARTICLE IV- Manager(s) of Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	FLO McCALLA
	3399 FOXCROFT ROAD # 105
	MIRAMAR, FI 33025
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
	Me.
Signature of a member o	an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here	
The state of the s	To McCalla
Typed	or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)