

# LO7000023416

## Florida Department of State

Division of Corporations

Public Access System

## 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.**

(((H07000055609 3)))



H070000556093ABC%

**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) 205-0383

## From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

07 MAR - 1 AM 9:34

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## F.A.R. Appraisals, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$130.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **F.A.R. Appraisals, 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:

12332 SW 10th Street

12332 SW 10th Street

Pembroke Pines, FL 33025

Pembroke Pines, FL 33025

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's Signature

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

**Fadul Arrieta**

Name

12332 SW 10th Street

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Pembroke Pines, FL 33025

(City / State / Zip)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 MAR - 1 AM 9:34

*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, F.S.*



Registered Agent's Signature - Fadul Arrieta

**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:**

MGR

Fadul Arrieta - 12332 SW 10th Street, Pembroke Pines, FL 33025

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



Signature of a member or 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.)

Fadul Arrieta

Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 MAR - 1 AM 9:34

H07000055609