

# L090000N447

Florida Department of State  
Division of Corporations  
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To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : EMPIRE CORPORATE KIT COMPANY  
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 Phone : (305)634-3694  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

fontanar, llc

Certificate of Status	1
Certified Copy	1
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Corporate Filing Menu

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T. HAMPTON

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EXAMINER

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Fontana, LLC  
(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

3751 S.W. 128 Ave  
Miami, FL 33175

**Mailing Address:**

3751 S.W. 128 Ave  
Miami, FL 33175

**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:

Alexis Mendoza  
Name

3751 S.W. 128 Ave  
Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33175  
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 608, F.S.

Alexis Mendoza  
Registered Agent's Signature (REQUIRED)

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Page 1 of 2

H09000033336

H09000033336

**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

Alexis Mendoza  
3751 SW 128 Ave  
Miami, FL 33175

MGRM

Geraldine Mendoza  
3751 S.W. 128 Ave  
Miami, FL 33175

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**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.)

Alexis Mendoza

Typed or printed name of signer

**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)

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