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SECRETARY OF STATE
ALL ANASSEE FLORIDA

(850) 245-6051.

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

FEDE'S 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:

#### XIOMARA CASTILLO

Name of Person

**AIRVALUE** 

Firm/Company

4995 NW 72nd AVE. SUITE 206

Address

MIAMI FL, 33166

City/State and Zip Code

### XECASTILLO@AIRVALUE.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

XIOMARA CASILLO

ູ 305

968 8065

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street/Courier Address** 

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
FEDE'S LLC.	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4995 NW 72nd Ave. Suite 206. Miami FL 33166	4995 NW 72nd Ave. Suite 206. Miami FL, 33166
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the r  AIRVALUE INC.	
Name	
4995 NW 72nd AVE	•
Florida street add	iress (P.O. Box <u>NOT</u> acceptable)
MIAMI	<sub>FL</sub> 33166
City, Sta	ate, and Zip
liability company at the place designated in t registered agent and agree to act in this capac all statutes relating to the proper and complet	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S
	~ <u>-</u> 4

(CONTINUED)

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SECRETARY OF STATE
ALLAMASSIF FLORIDA

"MGRM" = Managing Member  MGRM  MGRM	ENRIQUE BERNAL 4995 NW 72nd AVE. SUITE 206. MIAMI FL 33166  HIMELDA PAREDES 4995 NW 72nd AVE. SUITE 206. MIAMI FL 33166
<del></del>	4995 NW 72nd AVE. SUITE 206. MIAMI FL 33166 HIMELDA PAREDES
MGRM	HIMELDA PAREDES
MGRM	
, 	
·	
(Use attachment if necessary)	
• .	date of filing: 06/05/2013 . (OPTIO
ffective date is listed, the date must l	be specific and cannot be more than five busing
or 90 days after the date of filing.)	
DEALIDED SIGNATUDE.	
REQUIRED SIGNATURE:	
· ·	oug Pana
Signature of a member	or an authorized representative of a member.
(In accordance with section 608.4 constitutes an affirmation under the Lam aware that any false information are constituted in the constitute of the constit	408(3), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
	IGUE BERNOL ed 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)