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(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
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COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	Facere LLC		
SUBJECT		Limited Liabilit	y Company
The enclose	ed Articles of Organization and fee(s) are submitted I	for filing.
Please retu	rn all correspondence concerning this	s matter to the fo	llowing:
	Neal Aviles		•
		Name of I	Person
		Firm/Con	npany
	1663 Buckeye Falls Way		
		Addre	SS
	Orlando, FL. 32824		
	aquiautosales@gmail.com	City/State and	Zip Code
-	E-mail address: (to be u	sed for future ar	nnual report notification)
For further is	nformation concerning this matter, pl	ease call:	
	Neal Aviles	407	900-5010
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amount:		
\$125.00 Fi	iling Fee \$130.00 Filing Fee & Certificate of Status	LCertifie	Solution from the state of the
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327] [Street Address New Filing Section Division of Corporations Clifton Building
	Tallahassee, FL 32314	2	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:	,				
Facere LLC	_					
(Must end w	ith the words "Limite	d Liability Com	pany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ad-	dress of the principal	office of the Lim	ited Liability Company is:			
<u>P rincipa</u>	Office Address:		Mailing Addre	<u>ess</u> :		
1663 Buckeye Falls	Way		1663 Buckeye Falls Way			
Orlando, FL. 32824			Orlando, FL. 32824	·· ·		
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an act The name and the Florida street act	cannot serve as its own ctive Florida registrati	n Registered Age on.)	Agent's Signature: ent. You must designate an ind	ividual of SECSE	15 SEP	
	InCorp Services, I	nc.		ASS.	58	e parentarios Caracteristas
		Name		in E		Ar IS-MINERAL
	17888 67th Court			ار بر ا	33	
	Florida street addres	ss (P.O. Box <u>NO</u>	T acceptable)	ORID.	f: ⊃	A STATE OF THE PARTY OF THE PAR
	Loxahatchee	<u>FL</u>	33470	©.र्घ ≯	ôU	
	City	State	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 605, F.S..

IN (onp. SERVICES, INC.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:		Name and Address:		
"AMBR" = Authorized N	1ember			
"MGR" = Manager		Otnial Avilan		
MGR		Otniel Aviles 1663 Buckeye Falls Way	•	-
		Orlando, FL. 32824	D. C.	-
		Offeringo, FE, OZOC F		- ଫ
MGR		Juan Guerrero	≯ 39	23
		5981 Bent Pine Dr Apt.1722	35:1	_ `~c
		Orlando, FL. 32822	(2) <u>1</u>	- 公 - &
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