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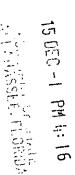
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COVER LETTER

Di	vision of Corporations
SUBJECT	F & F Capital LLC
	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retui	rn all correspondence concerning this matter to the following:
	Francisco Suarez
	Name of Person
	F & F Capital LLC
	Firm/Company
	240 Apollo Beach Blvd
	Address
	Apollo Beach, FL 33572
ı	City/State and Zip Code roland@rjslawgroup.com
-	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Francisco Suarez 941 676-2902 at ()
•	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	•
	·

Mailing Address

TO:

Registration Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabil	ity Company is:			
F & F Capital LLC (Must enc	with the words "Limited	Liability Comr	pany, "L.L.C.," or "LLC.")	٠
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,.	- 1 To
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Lim	ited Liability Company is:	CANAL COLOR
Princi	pal Office Address:		Mailing Address:	SSE
240 Apollo Beach I			Same as principal office	
Apollo Beach, FL 3	3572			
(The Limited Liability Compan another business entity with an The name and the Florida stree	active Florida registratio	on.)	ent. You must designate an individu	al or
	Rolando Santiago Es		 	
		Name		
	240 Apollo Beach Bl	lvd	<u> </u>	
	Florida street address	s (P.O. Box <u>NO</u>	T acceptable)	
	Apollo Beach	FL	33572	
	City	State	Zip	
place designated in this certificate further agree to comply with the p	e, I hereby accept the apporovisions of all statutes resulting attentions of my position	ointment as regiselating to the pro as registered ag ered Agont's Sig		capacity. I ry duties, and I
		Page 1 of 2	i	

Title:	Name and Address:
"AMBR" = Authorized Member	Francisco Suarcz
"MGR" = Manager	بران بران بران بران بران بران بران بران
MGR	Francisco Suarez
	8701 54th Avenue East
	Bradenton, FL 34211
MGR	Bradenton, FL 34211 Fred Cristian Meyer 6607 64th Drive East Palmetto, FL 34221
WOK	Fred Cristian Meyer 5607 64th Drive East 5607
	Palmetto, FL 34221
	Palmetto, PL 34221
	*
	·
(Use attachment if necessary) LE V: Effective date, if other than the da	te of filing: January 1, 2016 . (OPTIONAL)
LEV: Effective date, if other than the da ffective date is listed, the date must be see of filing.)	te of filing: January 1, 2016 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 da
TLE V: Effective date, if other than the da ffective date is listed, the date must be se of filing.) If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
LEV: Effective date, if other than the da ffective date is listed, the date must be see of filing.)	pecific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
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CLE V: Effective date, if other than the data ffective date is listed, the date must be set of filing.) If the date inserted in this block does not nument's effective date on the Department of LE VI: Other provisions, if any sempany is created to engage in any and also the control of the c	meet the applicable statutory filing requirements, this date will not be it of State's records.
CLE V: Effective date, if other than the data ffective date is listed, the date must be set of filing.) If the date inserted in this block does not tument's effective date on the Department of the Department o	meet the applicable statutory filing requirements, this date will not be at of State's records.
CLE V: Effective date, if other than the data ffective date is listed, the date must be set of filing.) If the date inserted in this block does not nument's effective date on the Department of LE VI: Other provisions, if any, impany is created to engage in any and also received as a signature of a many s	meet the applicable statutory filing requirements, this date will not be at of State's records.
CLE V: Effective date, if other than the da ffective date is listed, the date must be se e of filing.) If the date inserted in this block does not tument's effective date on the Department LE VI: Other provisions, if any, tompany is created to engage in any and al REOUIRED SIGNATURE: Signature of a n This document is executed.	meet the applicable statutory filing requirements, this date will not be at of State's records. It lawful business. It lawful business. It is date will not be a member or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes.
CLE V: Effective date, if other than the da ffective date is listed, the date must be se e of filing.) If the date inserted in this block does not nument's effective date on the Department LE VI: Other provisions, if any, mpany is created to engage in any and al REOUIRED SIGNATURE: Signature of a m This document is exect I am aware that any fal	meet the applicable statutory filing requirements, this date will not be at of State's records.

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)