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FAX No.

P.001

4/1/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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From:

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FLORIDA LIMITED LIABILITY CO.
FAMA LUIZ SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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April 6, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: FAMA LUIZ SERVICES, LLC
REF: W16000025442

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect corporate name. The cover sheet must reflect the current name. Please generate a cover sheet under the appropriate corporate name. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000081677
Letter Number: 216A00007046

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

ARTICLE I

The name of the Limited Liability Company and Effective day is:

FAMA LUIZ SERVICES, LLC

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation
"LLC," or "L.C.,")*

ARTICLE II

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

Principal Office Address
7326 COLLINS AVE # 307
MIAMI BEACH, FL 33141

Mailing Address
7326 COLLINS AVE # 307
MIAMI BEACH, FL 33141

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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:

R&P ACCOUNTING & TAXES, INC

Name

200 SE 1ST STREET, SUITE #604

Florida Street address (P.O. Box NOT acceptable)

MIAMI, FL 33131

FL 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 605, F.S

X _____

Registered Agent's Signature (REQUIRED)

ARTICLE IV

***MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each
Person authorized to manage and control the Limited Liability Company:***

Title:

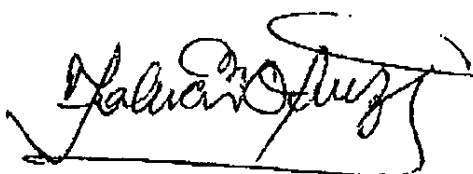
***FABRICIO DE OLIVEIRA LUIZ
7326 COLLINS AVE # 307
MIAMI BEACH, FL 33141***

MANAGER

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



X
Signature of a member or an authorized representative of a member.

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(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FABRICIO DE OLIVEIRA LUIZ
Typed or printed name of signer