L 6000100752

(Re	equestor's Name)	
(Ad	dress)	
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-		-12
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
W/6-35	5068	





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FILED

16 MAY 23 PH 3: 36

SECRETARY OF STATE
TALLAHASSEE

14

COVER LETTER

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	istration Section ision of Corporations	•
CUDIECT.	Faracres Investments LLC	
SUBJECT:	Name	e of Limited Liability Company
The enclosed	Articles of Organization and fo	ec(s) are submitted for filing.
Please return	all correspondence concerning	this matter to the following:
F	Frank Faraci	
_		Name of Person
F	Faracres Investments LLC	
-		Firm/Company
3	38 MiMi Rd	
-	11. * 11. * 11. * 11. * 11. * 11. * 11. * 11. * 11. * 11. * 11. * 11. * 11. * 11. * 11. * 11. * 11. * 11. * 11	Address
S	Sebring , Florida 33870	
-		City/State and Zip Code
ch	ickfranks@yahoo.com	
	E-mail address: (to b	oc used for future annual report notification)
For further info	ormation concerning this matter	; please call:
F	rank Foraci	860 860 388 7395 at ()
_	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	check for the following amoun	t:
\$125.00 Filin	ng Fee \$130.00 Filing Fe Certificate of Sta	tus \$155.00 Filing Fee & Certificate of Status & Certificate Copy (additional copy is enclosed) Certificate Copy (additional copy is enclosed)
	Mailina Address	Stange Address

Mailing Address

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
Tallahassee, FL 32301



May 12, 2016

FRANK FARACI 38 MIMI RD SEBRING, FL 33870

SUBJECT: FARACRES INVESTMENTS LLC

Ref. Number: W16000035068

We have received your document for FARACRES INVESTMENTS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 216A00010066

Valerie Herring Regulatory Specialist II New Filing Section

www.sunbiz.org

Division of Compositions D.O. DOV 6207 Mellaharma Elavida 2021

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				<u></u>
The name of the Limited Liabi	ility Company is:			FILED
				16 MAY 22
Faracres Investmen	nts LLC			FILED 16 MAY 23 PM 3: 38
(Must en	d with the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	TALECRETARY OF
•			,	16 MAY 23 PM 3: 38 SECRETARY OF STATE TALLAHASSEE FLORIDA
ARTICLE II - Address:		AW A.4 V. 1. 4 V		" ' CORIDA
The mailing address and street	address of the principal of	office of the Limited L	liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Add	ress:
38 MiMi St		38 Mi	Mi St.	
Sebring, Fl. 33870			ng, Fl. 33870	
				
The name and the Florida stree	et address of the registered Mark Epright ESQ	d agent are:		
		Name		
	Gulf Shore Road			
	Florida street addres	ss (P.O. Box <u>NOT</u> acc	ceptable)	
	Naples	Florida	34104	
	City	State	Zip	
laving been named as registere lace designated in this certifica urther agree to comply with the	d agent and to accept serv te, I hereby accept the app	ice of process for the o ointment as registered	nbove stated limited liah l agent and agree to act	in this capacity. I
m familiar with and accept the	obligations of my position	as registered agent as	provided for in Chapte	r 605, F.S
	M.L.	: HEGGE	•	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

38 Mi	Faraci "MGR" Faraci "MGR" Mi Rd ng, FL. 33870	'23 PM 3: 3 FARY OF STATE ASSEE FLORID.
Frank 38 Mi		ISSEE ELORID.
38 Mi		i.ORIO,
Sebria		
		
		
		
		
		
		•
ICLE V: Effective date, if other than the date of filing: May 9 effective date is listed, the date must be specific and canno ate of filing.) If the date inserted in this block does not meet the applicab	t be more than five business days prio le statutory filing requirements, this da	or to or 90 days a
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: May 9 reffective date is listed, the date must be specific and cannot ate of filing.) If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's record ICLE VI: Other provisions, if any.	t be more than five business days prio le statutory filing requirements, this da	or to or 90 days a
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CLE V: Effective date, if other than the date of filing: May 9 effective date is listed, the date must be specific and canno ate of filing.) If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's record CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized that the date of filing: May 9 of the date of filing: May 9	t be more than five business days prior le statutory filing requirements, this days. horized representative of a member. with section 605.0203 (1) (b), Florida mitted in a document to the Department.	or to or 90 days a te will not be list

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)